

L22000360880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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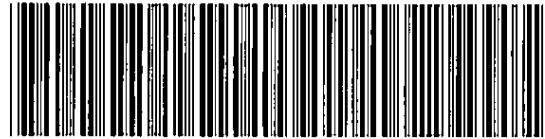
(Business Entity Name)

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DIVISION OF CORPORATIONS
22 AUG 18 AM 3:19

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
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Date: 08/18/2022
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en: c DW

Name:	C&E Family Farms, LLC
Document #:	
Order #:	14501200

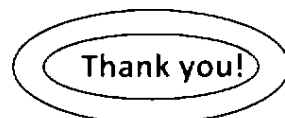
Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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NOTARY PUBLIC
TALLAHASSEE, FL
1411

Availability _____
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Amount: \$	155.00
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: C&E Family Farms, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following.

Angela Pero

Name of Person

Firm/Company

14095 State Road 7

Address

Delray Beach, FL 33446

City/State and Zip Code

angela.pero@perofamilyfarms.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Scherer 305 579-7720

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations

Street Address

New Filing Section Division
The Centre of Tallahassee

20 AUG 18 4:43:19
FILING SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32309

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C&E Family Farms, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

14095 State Road 7

Delray Beach, FL 33446

Mailing Address:

14095 State Road 7

Delray Beach, FL 33446

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Angela Pero

Name

14095 State Road 7

Florida street address (P.O. Box NOT acceptable)

Delray Beach

FL

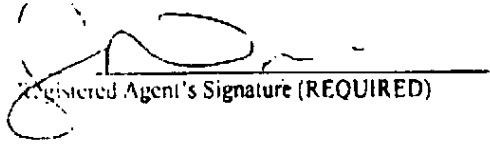
33446

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 AUG 18 AM 3:19
FILED
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Peter Pero, IV
14095 State Road 7
Delray Beach, FL 33446

MGR

Frank Pero
14095 State Road 7
Delray Beach, FL 33446

MGR

Charles Pero
14095 State Road 7
Delray Beach, FL 33446

MGR

Angela Pero
14095 Stat Road 7
Delray Beach, FL 33446

FILED
DEPARTMENT OF STATE
22 AUG 18 AM 3:19

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Angela Pero

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent