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12/16/22, 2:20 PM

Division of Corporations

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : HENDEE MCKERNAN SCHROEDER WILKERSON & HENDEE PA  
Account Number : I19980000066  
Phone : (813)258-1177  
Fax Number : (813)259-1106

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ibentt@hendee.com

**FLORIDA LIMITED LIABILITY CO.**  
**Perfect Touch Farm (FL), LLC**

FILED  
2022 DEC 16 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION OF

Perfect Touch Farm (FL), LLC

ARTICLE I-Name

The name of the limited liability company shall be Perfect Touch Farm (FL), LLC

ARTICLE II-Address

The street address and the mailing address of the principal office of the limited liability company is:

Street address:

5308 East Longboat Boulevard  
Tampa, Florida 33615

Mailing Address:

5308 East Longboat Boulevard  
Tampa, Florida 33615

ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is:

Hendee, McKernan, Schroeder, Wilkerson & Hendee, P.A.  
1700 South MacDill Avenue, Suite 200  
Tampa, Florida 33629

ARTICLE IV-Management

The name and address of each manager authorized to manage and control the limited liability company is:

Martin L. Schaffel  
Mary Ann Schaffel

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 16<sup>th</sup> day of December, 2022.

By: 

Signature of authorized representative of a member

In accordance with Section 605.0205(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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**REGISTERED AGENT****ACCEPTANCE OF DESIGNATION**

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.

**REGISTERED AGENT:**

Hendee, McKernan, Schroeder, Wilkerson &  
Hendee, P.A.

By: 

Name: Peter B. McKernan II

Title: Vice President

1700 South MacDill Avenue  
Suite 200  
Tampa, Florida 33629

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