

123000018815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

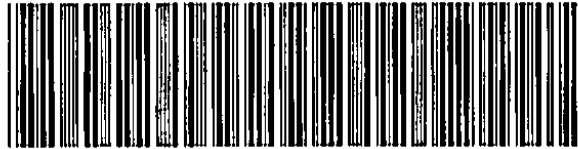
(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only

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12-21-22

FILED
2023 DEC 21 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2022 12 01 PM 1:47

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2022

JASON M KOCH
2416 SANDRIDGE CHURCH RD.
GRAND RIDGE, FL 32442

SUBJECT: MUDDY BOOTS FARM LLC
Ref. Number: W22000148858

We have received your document for MUDDY BOOTS FARM LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Only one persson name and signature for registered agent.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 722A00026862

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Muddy Boots Farm
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Jason M. Koch
Name of Person

Muddy Boots Farm
Firm/Company

2416 Sandridge Church Rd.
Address

Grand Ridge, FL 32442
City/State and Zip Code

jmk81@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Koch at (850) 443-1746
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CLE I - Name:

Name of the Limited Liability Company is:

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

CLE II - Address:

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

Principal Office Address:

Mailing Address:

2416 Sandridge Church Rd.
Grand Ridge, FL 32442

Same

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

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

Name and the Florida street address of the registered agent are:

Jason M. Koch
Name

2416 Sandridge Church Rd.
Florida street address (P.O. Box **NOT** acceptable)
Grand Ridge FL 32442
City State Zip

I have been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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..

Jason M. Koch
Registered Agent's Signature (REQUIRED)
(CONTINUED)

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>Jason M. Koch</u>
	<u>2416 Sandridge Church Rd.</u>
	<u>Grand Ridge, FL 32442</u>
<u>MGR</u>	<u>Hannah I. Vickerman</u>
	<u>2416 Sandridge Church Rd.</u>
	<u>Grand Ridge, FL 32442</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/23 (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.)
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:

Jason M. Koch
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.
Jason M. Koch
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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