

L23000230895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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MAY 10 2023
K. Brumby

RECEIVED
2023 MAY -0 AM 10:58
MAY 10 AM 9:43
CALLAHAN, FLORENCE

**CORPORATE
ACCESS,
INC.**

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125

236 East 6th Avenue, Tallahassee, Florida 32303
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☐ **CERTIFIED COPY**

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LLC

1. STONECLIFF FARM, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

File and

**SPECIAL
INSTRUCTIONS:**

STONECLIFF FARM, INC.

May 8, 2023

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Stonecliff Farm, Inc.
Document Number P98000067304

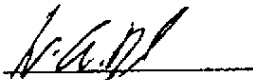
Dear Sirs:

The purpose of this letter is to confirm that the above-named corporation has filed Article of Dissolution effective April 30, 2023, and has no intention of reopening the corporation.

Therefore, the name of Stonecliff Farm is released by the corporation to allow Stonecliff Farm, LLC to be formed.

Thank you for your assistance with the release of the name immediately instead of waiting the traditional length of time.

Sincerely,

A handwritten signature in black ink, appearing to read 'W.A. Nassal', is written over a horizontal line.

William A. Nassal
Secretary

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: STONECLIFF FARM, LLC
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:

ROBERT SALTSMAN

Name of Person

ROBERT P. SALTSMAN, P.A.

Firm/Company

P.O. BOX 2146

Address

WINTER PARK, FL 32790

City/State and Zip Code

JUDY@SALTSMANPA.COM

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

For further information concerning this matter, please call:

ROBERT SALTSMAN

407

647-2899

at ()

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
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite S10
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STONECLIFF FARM, 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:

Mailing Address:

9054 SW 9TH STREET ROAD
OCALA, FL 34481

9054 SW 9TH STREET ROAD
OCALA, FL 34481

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:

WILLIAM A NASSAL

Name

9054 SW 9TH STREET ROAD

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

OCALA

FL

34481

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)

2023 MAY 10 AM 9:43

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

WILLIAM A NASSAL
9054 SW 9TH STREET ROAD
OCALA, FL 34481

MGR

CYNTHIA L NASSAL
9054 SW 9TH STREET ROAD
OCALA, FL 34481

(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.

CYNTHIA L NASSAL

Typed or printed name of signer

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)