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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

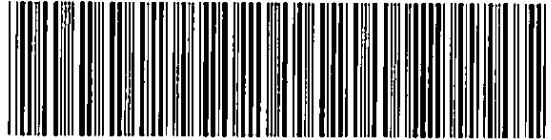
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED  
2023 OCT 31 AM 11:20  
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 11/01/23  
Order #: 1304760-1  
Re: RODAS FARMS, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:  
I20000000195

AUTH:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the word 'action' in the following block.

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**ARTICLES OF ORGANIZATION FOR  
RODAS FARM, LLC,  
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, in forming a Florida Limited Liability Company ("Company") under the Florida Limited Liability Company Act, Chapter 605 of the Florida Statutes, hereby adopt the following Articles of Organization for such Company:

**ARTICLE I - Name**

The name of the Limited Liability Company is RODAS FARM, LLC.

**ARTICLE II - Address**

The mailing address of the principal office of the Limited Liability Company is 26985 McLaughlin Blvd., Bonita Springs, Florida 34134, and the street address of the principal office of the Limited Liability Company is 26985 McLaughlin Blvd., Bonita Springs, Florida 34134.

**ARTICLE III - Duration**

The period of duration for the Limited Liability Company shall be from the time the Articles of Organization are filed, until December 31, 2050, except as otherwise provided in Article VI.

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by one (1) manager and the name and address of such managers who are to serve as managers until his successors are elected and qualified are:

Kimberly Romer  
26985 McLaughlin Blvd.  
Bonita Springs, Florida 34134

2025

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#### **ARTICLE V - Admission of Additional Members**

The members may admit additional members upon the unanimous vote of all members, and payment towards capital of the sum required by said vote.

#### **ARTICLE VI - Members Rights to Continue Business**

The remaining members of the Limited Liability Company may continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, if the remaining members agree by vote.

#### **ARTICLE VII - Registered Agent**

The name and street address of the initial registered agent is:

Kimberly Romer  
26985 McLaughlin Blvd.  
Bonita Springs, Florida 34134

IN WITNESS WHEREOF, we, the undersigned, being the members of the Limited Liability Company mentioned for the purpose of forming a Limited Liability Company under the laws of the State of Florida do make, subscribe, acknowledge and file the foregoing Articles of Organization, hereby certifying that the facts therein stated are true, and accordingly set our hands and seals at Fort Myers, Florida this 31<sup>st</sup> day of October, 2023.

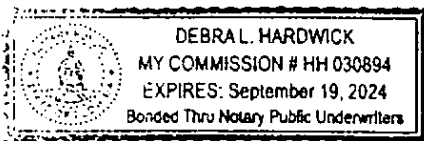


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Kimberly M. Romer, Trustee  
Kimberly M. Romer Trust U/A/D October 24, 2018,  
Member

STATE OF FLORIDA       )  
                                      )  
COUNTY OF LEE        )

The foregoing instrument was acknowledged before me by means of ☒ physical presence or  
☐ online notarization, this 31<sup>st</sup> day of October, 2023 by Kimberly M. Romer, Trustee of the  
Kimberly M. Romer Trust U/A/D October 24, 2018, who is personally known to me or who has  
produced \_\_\_\_\_ as identification.



Debra L Hardwick  
Print Name: DEBRA L HARDWICK  
Notary Public - State of Florida  
Commission No. HH 030894  
My Commission Expires: 9/19/24

### ACCEPTANCE BY REGISTERED AGENT

In pursuance of Chapter 605.0113 (2), Florida Statutes, the following is submitted, in compliance with said Act:

That RODAS FARM, LLC, a Florida Limited Liability Company, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Organization, at Fort Myers, County of Lee, State of Florida, has named Kimberly Romer, 26985 McLaughlin Blvd., Bonita Springs, Florida 34134, County of Lee, State of Florida, as its agent to accept service of process within this State.

### ACCEPTANCE BY REGISTERED AGENT:

Having been named as Registered Agent to accept service of process for the above stated LLC, at the place designated in this certificate, I hereby accept to act in this capacity, acknowledge that I am familiar with the obligations of this position and agree to comply with the provisions of said Act relative to keeping open said office.



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Kimberly Romer,  
Registered Agent

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