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Division of Corporations

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To:

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

From:

Account Name : GOODING & BATSEL, PLLC  
Account Number : I20220000007  
Phone : (352)579-1290  
Fax Number : (352)579-1289

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

Email Address: jhartley@lawyersocala.com

FLORIDA LIMITED LIABILITY CO.  
Sun Pasture, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
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2024 APR 29 PM 12:29

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H24000155068 3

**ARTICLES OF ORGANIZATION**  
**FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is Sun Pasture, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

Sun Pasture, LLC  
15251 SE 170<sup>th</sup> St.  
Weirsdale, FL 32195

**Mailing Address:**

Sun Pasture, LLC  
P.O. Box 509  
Weirsdale, FL 32195

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

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

Gooding & Batzel, PLLC C/O James Hartley  
1531 SE 36<sup>th</sup> Ave.  
Ocala, FL 34471

*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

**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

Christopher Rosicki  
P.O. Box 509  
Weirsdale, FL 32195

H24000155068 3

H24000155068 3

AMBR

Aerim Bae  
P.O. Box 509  
Weirsdale, FL 32195

ARTICLE V: The effective date shall be the date of filing.

ARTICLE VI:

1. This is a manager-managed limited liability company.
2. These Articles can be amended by vote or written consent of the holders of a majority of the membership interests.



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

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

James Hartley Authorized Representative of a Member  
Typed or printed name of signee

H24000155068 3