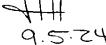
Division of Corporations





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## FLORIDA LIMITED LIABILITY CO. TANGERINE FARM LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Help

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	LEI	Name:
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The namewof the Limited Liability Company is:

### TANGERINE 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:

8386 NW 143RD ST

MIAMI LAKES, FL 33016

8386 NW 143RD ST

MIAMI LAKES, FL 33016

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:

RABIH S. NAAMANI

Name

8386 NW 143RD ST

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

MIAMI LAKES

**FLORIDA** 

33016

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 heroby 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)

24 SEP -5 AHIO: 50

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	RABIH S. NAAMANI 8386 NW 143RD ST MIAMI LAKES, FL 33016
(Use attachment if necessary)	
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ricle V: Effective date, if other than the date of a effective date is listed, the date must be specified of filing.)  e: If the date inserted in this block does not me document's effective date on the Department of CLE VI: Other provisions, if any.  NONE  REQUIRED SIGNATURE:  Signature of a mem This document is executed a many aware that any false in a ware that any false in a sware that any false in the start of the	certic and cannot be more than five business days prior to or 90 days aft

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