

L24000520636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300439612313

2024 DEC 16 PM 9:47

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2024 DEC 16 PM 4:10

2024 DEC 16

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$125.00

Authorization Signature *[Signature]*

MMD Farm, LLC

Business #Document

Walk in _____ Will wait _____

_____ Certified Copies of the Articles of Incorporation -

_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
X _____ LLC
_____ Domestication
_____ INC
1 _____ CORP
_____ OTHER

AMENDMENTS

_____ Amendment
_____ Resignation of R.A.
_____ Change of Registered Agent
_____ Dissolution/Withdrawal
_____ Conversion
_____ Statement of Authority
_____ Merger
_____ Amended and Restated Articles

OTHER FILINGS

_____ Annual Report
_____ Fictitious Name
_____ Statement of Authority
_____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign Filing
_____ Partnership
_____ Reinstatement
_____ CORRECTION for a LLC
_____ Domestication of a Foreign Corp.
_____ Other

EXAMINER'S INITIALS: _____

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2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: \$125.00

Authorization Signature *Janet*
MMD Farm, LLC
Business #Document

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EXAMINER'S INITIALS: _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MMD 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:

Erin Glover-Frey

Name of Person

Saydah Law Firm

Firm/Company

7250 Red Bug Lake Road, Suite 1012

Address

Oviedo, FL 32765

City/State and Zip Code

notification@saydahlawfirm.com

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

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For further information concerning this matter, please call:

Erin Glover-Frey 407 956-1080

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 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MMD 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:

116 Rosa Bella View
Debary, FL 32713

116 Rosa Bella View
Debary, FL 32713

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:

Saydah Law Firm

Name

7250 Red Bug Lake Road, Suite 1012

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

Oviedo

FL

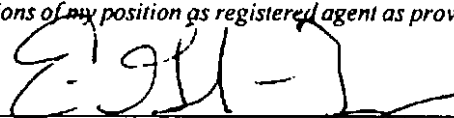
32765

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)

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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

Mathew Lembrich
116 Rosa Bella View
Debarv, FL 32713

MGR

Dusty Lembrich
116 Rosa Bella View
Debarv, FL 32713

2021 DEC 16 PM 1:19:47

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(Use attachment if necessary)

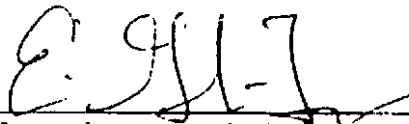
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Erin Glover-Frey

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)