

2/6/23, 10:31 AM

Corporations

LL3000056090

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000046557 3)))



H230000465573ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:  
Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : 120010000078  
Phone : (407)843-8880  
Fax Number : (407)244-5690

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
MAVRIC FARMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2023 FEB 6 PM 2:52

23 FEB -6 PM 12:35

Electronic Filing Menu

Corporate Filing Menu

Help

((H23000046557 3))

**ARTICLES OF ORGANIZATION  
OF  
MAVRIC FARMS, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, F.S. Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I**

Name. The name of the limited liability company shall be **MAVRIC FARMS, LLC** ("Company").

**ARTICLE II**

Address. The mailing address and street address of the principal office of the Company shall be 2200 Winter Springs Blvd., Suite 106, Oviedo, Florida 32765.

**ARTICLE III**

Duration. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

**ARTICLE IV**

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 301 E. Pine Street, Suite 1400, Orlando Florida 32801, and the name of the initial registered agent is GARY M. BERKSON.


**ARTICLE V**

Management. The Company shall be managed by a manager or managers in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager(s) of the Company is/are:

<u>NAME</u>	<u>ADDRESS</u>
MICHAEL A. VARLEY	2200 Winter Springs Blvd., Suite 106 Oviedo, Florida 32765

((H23000046557 3))

IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this 1<sup>st</sup> day of February, 2023



MICHAEL A. VARLEY  
Authorized Representative

23 FEB -4 PM 11:55  
 23 FEB -4 PM 11:55

((H23000046557 3))

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

- 1. The name of the limited liability company is **MAVRIC FARMS, LLC.**
- 2. As designated in the Articles of Organization filed with this certificate, the name and the Florida street address of the registered agent is:

Gary M. Berkson  
301 E. Pine Street, Suite 1400  
Orlando, Florida 32801

- 3. The street address of the registered office and the street address of the business office of the registered agent are identical.

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.

  
\_\_\_\_\_  
GARY M. BERKSON  
Registered Agent

23 FEB -6 PM 12:35

February 1, 2023