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NE SEP 27 FN12: 36

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: JMG	Farms, LLC			
	(Name of Limite	d Liability Comp	pany)	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filir	ıg.	
Please return all corresp	condence concerning this matte	er to the followin	g:	
James \				
	(Name of Person)		
Hostak,	Henzl & Bichle	r, S.C.		
-		(Firm/Company)		
840 Lal	ke Avenue			
		(Address)		
Racine,	WI 53403			
	(City	/State and Zip Cod	c)	
For further information	concerning this matter, please	call:		
James W. H	ill	at (262	632-7	541
(Name of Person)		(Area Coo	le & Daytime To	541 elephone Number)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exe	ourier Addression Section of Corporation building ecutive Center see, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
JMG Farms, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
14180 130th Avenue Palm Beach Gardens, FL 33408	14180 130th Avenue Palm Beach Gardens, FL 33408		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registre business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another		
Olivia Skye Johnson			
Name			
14180 130th Avenue	ress (P.O. Box NOT acceptable)		
Palm Beach Gardens City, State, a	FL 33408		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all formatice of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S		

(CONTINUED) Page 1 of 2 05 SEP 20 PH 12: 36

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Olivia Skye Johnson 14180 130th Avenue Palm Beach Gardens, FL 33408
(Use attachment if necessary)	
	date of filing: (OPTION expecific and cannot be more than five business of
	ror an authorized representative of a member.
£.)	ction 608.408(3), Florida Statutes, the execution

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)

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