

L11000026242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

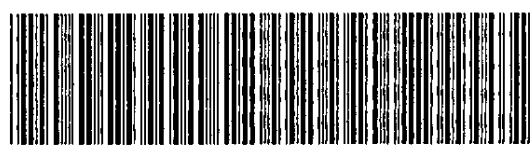
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
MAR 02 2011



WILLIAMS MULLEN

Direct Dial: 804.420.6537
nfrowert@williamsmullen.com

February 28, 2011

Via Federal Express

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Organization
Bluegrass Feed, LLC

Dear Sir or Madam:

Enclosed for filing on a regular basis, please find Articles of Organization of Bluegrass Feed, LLC. Also enclosed is a check in the amount of \$125 as payment of the filing fee for same.

Please mail evidence of filing to me at:

Nancy Frowert, Paralegal
Williams Mullen
200 South 10th Street, Suite 1600
Richmond, VA 23219

Thank you in advance for your kind attention to the enclosed.

Sincerely,

Nancy Frowert
Corporate Paralegal

Enclosures

cc: Laurence V. Parker, Jr., Esq.

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TALLAHASSEE, FLORIDA

A Professional Corporation

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bluegrass Feed, 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:

Nancy Frowert, Paralegal
Name of Person

Williams Mullen
Firm/Company

200 South 10th Street, Suite 1600
Address

Richmond, VA 23219
City/State and Zip Code

nfrowert@williamsmullen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Frowert at (**804**) **420-6537**
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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bluegrass Feed, LLC

(Must end with 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:

15091 Corby Court
Wellington, Florida 33414

Mailing Address:

P.O. Box 1566
Loxahatchee, Florida 33470

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:

Capitol Corporate Services, Inc.

Name

155 Office Plaza Drive, Suite A

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

Tallahassee FL 32301

City, State, and 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 608, F.S.

Dellanie Case, asst. sec.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Dario F. Garcia
1272 College Road
Paris, Kentucky 40361

MGRM

Luis Echezarreta
B Road 1115
Loxahatchee, Florida 33470

MGRM

Laureano Echezarreta
15091 Corby Court
Wellington, Florida 33414

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FALLAHASSE, FLORIDA

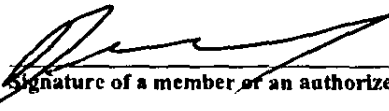
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(Use attachment if necessary)

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.)

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), 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.)

Dario F. Garcia, Manager and Member

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)