

#L13000138822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

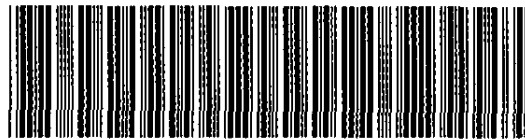
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300251784403

EFFECTIVE DATE
10-1-2013

10/02/13--01001--009 **155.00

RECEIVED
DEPARTMENT OF STATE
13 OCT - 1 PM 1:45

FILED
13 OCT - 1 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT - 2 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 10/01/13

REF. #: 8912314

CORP. NAME: GTA FARM, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70007820 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

FILED
13 OCT -1 AM 10: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
10-1-2013

GTA FARM, LLC,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

GTA FARM, LLC

ARTICLE II EFFECTIVE DATE

The effective date of the Limited Liability Company shall be October 1, 2013.

ARTICLE III PRINCIPAL OFFICE

The street address of the principal place of business of the Limited Liability Company shall be:

1134 County Road 408
Ellington, Missouri 63638

and, the mailing address of the Company shall be:

P.O. Box 131
Sarasota, Florida 34230

ARTICLE IV INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:


Malcolm J. Pitchford
240 South Pineapple Avenue, 10th Floor
Sarasota, Florida 34236

ARTICLE V
MANAGEMENT AND POWERS

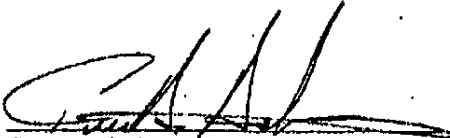
The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

²¹IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 30 day of SEPTEMBER, 2013.

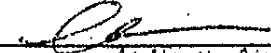
WITNESSES:



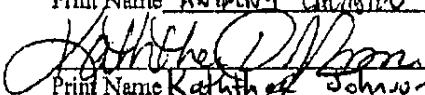
Print Name Matt Boyd




Print Name Gregg A. Anderson




Print Name ANTHONY CALABRO



Print Name Kathleen Johnson



Print Name Treva L. Anderson



Print Name Bonnie Ackles

"MANAGERS"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

GTA FARM, LLC

2. The name and the Florida street address of the registered agent are:

Malcolm J. Pitchford
240 South Pineapple Avenue, 10th Floor
Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: _____

10/1/13



Malcolm J. Pitchford

“REGISTERED AGENT”