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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 18 2018

K. Brumbley

 SMITH LAW FIRM, LLC
ATTORNEYS AND COUNSELORS AT LAW

B. LARRY SMITH, P.A.
"SNUFFY"

B. SHANNON SMITH, P.A.
"SHANNON"

322 EAST PARK AVENUE
CHIEFLAND, FLORIDA 32626

OFFICE (352) 490-5353
FACSIMILE (352) 490-5337

April 10, 2018

New Filing Section
Division of Corporations
POB 6327
Tallahassee FL 32314

RE: GLT Farm, LLC

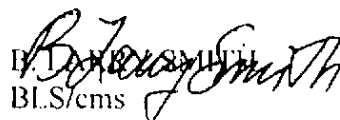
To Whom It May Concern:

Please find enclosed my firm check numbered 6106 in the amount of \$160.00 and the original Cover Letter and Articles of Organization for Florida Limited Liability Company for filing in the above matter.

Please forward the Certificate of Status and Certified Copy to my office at 322 East Park Avenue, Chiefland FL, in the enclosed self addressed, stamped envelope.

In the meantime, I thank you for your time and consideration.

Sincerely,


B. LARRY SMITH
BLS/cms
enc

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GLT 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:

B. LARRY SMITH Name of Person
SMITH LAW FIRM Firm/Company
322 EAST PARK AVENUE, CHIEFLAND, FLA Address
32626 City/State and Zip Code
NONE E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

B. LARRY SMITH at (352) 490-5353
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLT 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:

486 SW ABILENE ROAD
MAYO, FLORIDA 32066

Mailing Address:

486 SW ABILENE ROAD
MAYO, FLORIDA, 32066

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:

EDWARD B. THOMAS

486 SW ABILENE ROAD

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

MAYO FLORIDA 32066

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.

Edward B. Thomas
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

MGR/AMBR

AMBR

Name and Address:

Edward B. Thomas

486 SW ABILENE ROAD

MAYO, FLORIDA 32066

Lester K. Thomas

1730 GARY L THOMAS ROAD

MAYO, FLORIDA 32066

(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.

EDWARD B. THOMAS

Typed or printed name of signee

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)