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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: 3D FARM LL Name of Limited Liab	ility Company
The enclosed Articles of Organization and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
JOYANNA KATIE	SCHMIT of Person
3D FARM	Company
6830 SW Mas	2 Kel StrEEt
PALM CITY	FL 34990
E-mail address: (to be used for future	and report notification)
For further information concerning this matter, please call:	
J. KATIE SCHMIT at (776) Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155	5.00 Filing Fee & \$\sqrt{\$160.00 Filing Fee}\$
Certificate of Status Certi	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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:	
ć	3D Farm	LLC
	in the words "Limited Liability C	
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of th	e Limited Liability Company is:
<u>Principa</u>	l Office Address:	Mailing Address:
6830 SK	Marker St Ty, FL	SAME
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an action of the Registered Age (The name and the Florida street a	cannot serve as its own Registere ctive Florida registration.)	d Agent. You must designate an individual or
The name and the Plonda street a		_
	J. KOSIE ?	
	6830 SW 1	markel St.
	Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)
	Palm City, F	C 34990 e zip
elace designated in this certificate, arther agree to comply with the pro	gent and to accept service of prod I hereby accept the appointment a pvisions of all statutes relating to	ress for the above stated limited liability company at the is registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and I red agent as provided for in Chapter 605, F.S

(CONTINUED)

<u>litle:</u> AMBR″ ≂ Authorized Member	Name and Address:
MGR" = Manager	
MGR	J. KATIE SCHMIT
1	6830 SW Markel St
	Yalm City, FC 34990
	'
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
	
·	c date of filing: 1 / 1 2019 (OPTIONAL)
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
3D Farm LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
6830 SW Macker St SAME
34990
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:
J. Katie Schmit Name 6830 SW Markel St.
Name
6830 SW Markel St.
Florida street address (P.O. Box NOT acceptable)
Polm City FC 34990 City State Zip
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S
Registered Agent's Signature (REQUIRED)
(CONTINUED)

Title:		Name and Address:	
"AMBR" = Authorized	Member		
"MGR" = Manager		J. KATIE SCHMIT	 ·
MGK	_	1830 SV 1100 DENT	-
		POLITY FOR 3	<u>ਪੁੱਖ ਹੈ</u>
		1911	1112
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