

LO4000012707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

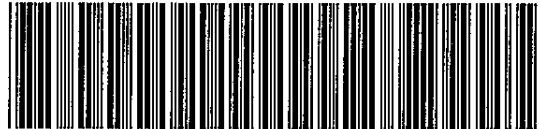
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300026989803

02/17/04 -01002--009 **155.00

BK

FILED
04 FEB 17 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 FEB 17 PM 12:36
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
04 FEB 17 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Pharm Feed LLC

FILED
04 FEB 17 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: _____

Name

Date

Time

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION

OF

PHARM FEED, LLC

THE UNDERSIGNED, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes, Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

FILED
FEB 17 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the limited liability company shall be **PHARM FEED, LLC** (hereinafter called "Company"). The principal place of business of the Company in Florida shall be in Brevard County.

ARTICLE II - ADDRESS

The mailing address and street address of the Company's principal office are:

Mailing Address:

1941 Michigan Avenue
Cocoa, FL 32922

Street Address:

1941 Michigan Avenue
Cocoa, FL 32922

ARTICLE III - DURATION

The Company shall commence its existence upon filing these Articles of Organization by the Florida Department of State, and the Company shall exist perpetually unless the Company is dissolved as provided by law or its operating agreement.

ARTICLE IV - PURPOSES AND POWER

The general purpose for which the Company is organized is to: design, construct, own, use, buy, sell, lease, hire, deal in and with articles of property of all kinds, render services of all kinds, and to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE V - REGISTERED OFFICE AND AGENT


The name and street address of the registered agent of the Company in the State of Florida and principal office is:

Markey & Fowler, P.A.
25 McLeod Street
Merritt Island, Florida 32953

ARTICLE VI - MANAGEMENT

An operating agreement adopted by the members of the Company may contain any provision for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of all of the members of the Company has made and subscribed these Articles of Organization at Merritt Island, Florida, for the foregoing uses and purpose, on February, 2004.


Kevin P. Markey, Organizer

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me on February 16, 2004,
by KEVIN P. MARKEY, who is X personally known to me or has produced the following
form of identification:

Dana K. Wilson

Notary Public, State of Florida at Large

Printed Name:

Commission No:

Commission expires:



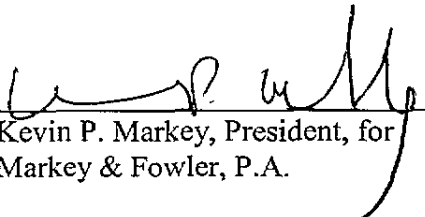
**CERTIFICATE OF DESIGNATION FOR
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF *FLORIDA STATUTES*, SECTION 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **PHARM FEED, LLC**
2. The name and address of the registered agent and office is:

Markey & Fowler, P.A.
25 McLeod Street
Merritt Island, FL 32953

Having been named as registered agent and to accept service of process of 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 the obligations of my position as registered agent.


Kevin P. Markey, President, for
Markey & Fowler, P.A.

2/16/04
Date