# 105000064997

(Re	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificated	s of Status
Special Instructions to F	Filing Officer:	
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### TRANSMITTAL LETTER

TO: Registration S Division of Co				- —
SUBJECT:	Hog	gs 4 Hire LLC		
		ted Liability Company)		* - ₩-
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
		Scott Ricketts	·····	<b>u</b>
		(Name of Person)		
		logs 4 Hire LLC		
		(Firm/Company)		ı. <del></del>
	14	1490 NE 50th Place		
		(Address)	SEC SEC	
			AHAS	Care
		lliston, FL 32696 y/State and Zip Code)	SEE	2
For further information	concerning this matter, please	e call:	LOR	
	tt Ricketts	\	3-5570	
(Name	e of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:			÷
☐ \$125.00 Filing Fee	21 \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis Divis	EET ADDRESS: tration Section ion of Corporations . Gaines Street	MAILING A Registration S Division of O P.O. Box 632	Section Corporations	

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	_
The name of the Limited Liability Compa	ny is:
Hogs 4 I	Hire LLC
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14490 NE 50th Place	14490 NE 50th Place
Williston, FL 32696	Williston, FL 32696
<del></del>	ott Ricketts Name  SSET PR
14490 N	E 50th Place
	reet address (P.O. Box NOT acceptable)
	/illiston, FL 32696
City,	State, and Zip
liability company at the place designate registered agent and agree to act in this constantes relating to the proper and complete accept the obligations of my position a	and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S
Registered /	rgent a organisme

(CONTINUED)

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Scott Ricketts	
	14490 NE 50th Place	
	Williston, FL 32696	ა <b>→ 達</b> 三
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		ا و استان <del>ی</del>
<u> </u>		
	7 % 95 EFF 95	
(Use attachment if necessary)	AHASSA AASSA	
NOTE: An additional article must	be added if an effective date is requested.	*
REQUIRED SIGNATURE:	Z: 56 FLORIDA	
- Goth (	75	
Signature of a member	r or an authorized representative of a member.	
(In accordance with sec of this document consti that the facts stated he	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)	
:	Scott Ricketts	
Ty	ped 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)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Con	npany is:
Hogs	3 4 Hire LLC
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14490 NE 50th Place	14490 NE 50th Place
Williston, FL 32696	Williston, FL 32696
	— — — — — — — — — — — — — — — — — — —
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature:
The name and the Florida street addres	s of the registered agent are:
	South Biologia
	Name
1449	0 NE 50th Place
	a street address (P.O. Box NOT acceptable)
	Williston, FL 32696
C	ity, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and confidence accept the obligations of my position.	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

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

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

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Men	mber	
MGRM	Scott Ricketts	<u> </u>
	14490 NE 50th Place	
	Williston, FL 32696	
		and the second second
		<del></del>
a	g=,	
(Use attachment if necessar	ry)	7 <u>8</u> <u>0</u>
NOTE: An additional art	ticle must be added if an effective date is requested $rac{\dot{r}}{2}$	CORE TO
REQUIRED SIGNATUR	E:	27
	IN THIE	
	Out of the second	
Signature	of a member or an authorized representative of a member.	55 55 56
of this doc	ance with section 608.408(3), Florida Statutes, the execution ument constitutes an affirmation under the penalties of perjury facts stated herein are true.)	Ş
	Scott Ricketts	
	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)