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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section

TO:

Divisio	on of Corporations	
SUBJECT: _	Covered Bridge Farms LLC (Name of Limited Liability Company)	
The enclosed A	articles of Organization and fee(s) are submitted for filing.	
Please return al	I correspondence concerning this matter to the following:	
James	s V. See, Jr.	
	(Name of Person)	
	(Firm/Company) Box 2325 (Address) hula, FL 33873 (City/State and Zip Code)	
P.0.	Box 2325	
	(Address)	
Waucl	hula, FL 33873 (City/State and Zip Code)	بر م
	ormation concerning this matter, please call:	
<u>James V.</u>	See, Jr. at (863) 773-0060 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a	check for the following amount:	
X \$125.00 Fili	ing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\Bigcup \\$155.00 \text{ Filing Fee & Certificate of Status}\$\Bigcup \\$ \text{Certified Copy (additional copy is enclosed)}\$\Bigcup \} \end{Certified Copy (additional copy is enclosed)}\$\Bigcup \} \end{Certified Copy (additional copy is enclosed)}\$\Bigcup \Bigcup \Bigc	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Covered Bridge Farms LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.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:
Covered Bridge Farms LLCCovered Bridge Farms LLC206 N 6th AvenueP.O. Box 2325Wauchula, FL 33873Wauchula, FL 33873
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:
James V. See, Jr. Name Name Name
Florida street address (P.O. Box NOT acceptable)
Wauchula FL 33873 City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

MGRM	James V. See, Jr. P.O. Box 2325 Wauchula, FL 33873
MGRM	Cynthia M. Gross 13 Lake Byrd Blvd Avon Park, FL 33825
MGRM	John H. Gross 13 Lake Byrd Blvd Avon Park, FL 33825
(Use attachment if necessary)	- CANDA
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business days
DECLUDED CICALATUDE.	
REQUIRED SIGNATURE:	

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)

James V. See, Jr.

Typed or printed name of signee