07000031990

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
,	,	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		
		,

Office Use Only



200092855922

03/23/07--01032--002 **125.00

2007 HAR 23 PATE SECRETARY OF STATE

9907 Mád 99 - PM 19: 9

61-31990 A

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ADK CaHle (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:
Garry E. David (Name of Person)
(Name of Person)
ADK Cattle (Firm/Company) 8956 Dees Road (Address) Lakeland, FL 33809
(Firm/Company)
8956 Dees Road
(Address)
Lakeland, FL 33809
(City/State and Zip Code)
For further information concerning this matter, please call: Carry E. David at 863 660 - 88850 77 77 77 77 77 77 77 77 77 77 77 77 77
Garry E. David , 863, 660-88852 2 1
(Name of Person) (Area Code & Daytime Telephone Number) (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status \$\int \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\int \text{Certified Copy} \\ (additional copy i
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration 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 Limit	ted Liability Compa	ny is:				
/	ADK Ca	Hle	LLC			
(Must end with the words "L	imited Liability Company,	"Limited Compan	y" or their abbrevia	tion "LLC," or "L	.C.,")	
ARTICLE II - Address a	-	the principal o	office of the Li	mited Liabilit	y Company	y is:
Principal Office Add	ress:	<u>Maili</u>	ng Address:			
8956 Lakler	Dees Road	; 59 —	8950 Lalelan	Dees K	200.d 33809	
ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo	rida street address o A Very /5/0 Florida str	f the registere f the registere Property Name S. Fr reet address (P.O.	t. You must designated agent are: Chies Orida Box NOT accep	te an individual o	nature: 2007 HAR 23 PH 12: 27	Company of the compan
_	<u>Lakelan</u> City,	State, and Zip	<u> </u>	_		
Having been named liability company registered agent and	at the place designat	ed in this certi	ficate, I hereby	accept the app	pointment a	IS

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

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.) **REQUIRED SIGNATURE:** Signature of a member of an anthorized representative of a Gember. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

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

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

Page 2 of 2

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