LD7000068922

| (Requestor's Name) | | |
|--------------------------|-----------------------------------|--------------|
| · | | |
| | dress) | |
| Connid | C Corpensor | 21 9A |
| 1205 N | LE.County Road : ome, FL 32640 | |
| | | anders |
| (City/State/Zip/Phone #) | | |
| | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| • | - | |
| <u> </u> | | |
| Special Instructions to | Filing Officer: | |
| | | i |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500104865745

06/29/07--01008--002 **160.00

1/1/07

O7 JUN 29 AM II: 39 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cottonmouth Cattle Company, LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "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:

1205 N.E. County Road 219A1205 N.E. County Road 219AHawthorne, Florida 32640Hawthorne, Florida 32640

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:

Connie C Carpenter

1205 N.E. County Road 219A

Florida street address (P.O. Box NOT acceptable)

Hawthome, Florida 32640 FI

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

FILE

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 | | | |
| MGR | Connie C Carpenter | | |
| <u></u> | 1205 N.E. County Road 219A | | |
| | Hawthome, Florida 32640 | | |
| | | | |
| MGRM | Zackery B Carpenter | | |
| | 1205 N.E. County Road 219A | | |
| | Hawthorne, Florida 32640 | | |
| | | | |
| | | | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| | | | |
| | (Use attachment if necessary) | | |
| CLE V: Effective date, if other than to ONAL) effective date is listed, the date must be days prior to or 90 days after the REQUIRED SIGNATURE: | st be specific and cannot be more than five | | |
| | SSEE, OF A | | |
| Signature of a member or an | nuthorized representative of a member. | | |
| of this document constitutes an | 8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.) | | |
| Connie C Carpenter | | | |
| Confine C Carpenter | | | |
| <u></u> | rinted name of signee | | |
| <u></u> | rinted name of signee | | |