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(Req	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE TALLAHASSEE, FLORID?

TO:	Registration Section Division of Corporations			
SUBJI	·CT·	S&S CATTLE	COMPANY "LLC"	
SOPPI			d Liability Company)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matter	er to the following:	
		Josh	ua C. Smith	
		(Name of Person)	
		S&S CATT	LE COMPANY "L	LC"
		(Firm/Company)	
		1510 N.V	V. CR 235	
			(Address)	
		Newberr	y,FL 32669	
			/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
	Joshua C	. Smith	at (352) 222-71	60
-		of Person)	(Area Code & Daytime To	elephone Number)
Enclos	ed is a check fo	or the following amount:	·	
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



August 8, 2007

JOSHUA C. SMITH 1510 NW CR 235 NEWBERRY, FL 32669

SUBJECT: S&S CATTLE COMPANY "LLC"

Ref. Number: W07000038682

We have received your document for S&S CATTLE COMPANY "LLC" and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 7, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 707A00048723

Leslie Sellers Document Specialist

Division of Cornerations - P.O. BOY 6327 Tallahasso, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Con	npany is:	
	TLE COMPANY "LLC"	
(Must end with the words "Limited Liability Compa	my, "Limited Company" or their abbreviation	m "LLC," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Lim	ited Liability Company is
Principal Office Address:	Mailing Address:	
1510 N.W. CR 235	1510 N.W. CR 235	
Newberry, FL 32669	Newberry, FL 32669	
		
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate	
	ua C. Smith	
	Name	
1510 (N.W. CR 235	
	street address (P.O. Box NOT acceptal	ble)
Newt	perry FL 32669	
Ci	ty, State, and Zip	-
Having been named as registered agen liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	nated in this certificate, I hereby ac capacity. I further agree to comp nplete performance of my duties, a	ccept the appointment as oly with the provisions of al and I am familiar with and
Joshua	C. Smith	
Registered Ager	ont's Signature (REQUIRED) ONTINUED) Page 1 of 2	2007 AUG 17 SECRETARY

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

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	
"MGR"	Joshua C. Smith 1510 N.W. CR 235 Newberry,FL 32669	
"MGRM"	Derotha S. Smith 1510 N.W. CR 235 Newberry,FL 32669	
"MGRM"	Michael P. Smith 8602 S.W. 160th PL Archer, FL 32618	
		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)		
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a m	ember.
Signature of a member (In accordance with se	er or an authorized representative of a maction 608.408(3), Florida Statutes, the executives an affirmation under the penalties of therein are true.)	ution
Signature of a member of this document constitute that the facts stated in	ction 608.408(3), Florida Statutes, the execututes an affirmation under the penalties of	ution

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