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(Requestor's Name)						
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PICK-UP WAIT MAIL						
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:	Registration S Division of Co							
SUBJI	SUBJECT: Classiebawn Farm							
(Name of Limited Liability Company)								
The en	olosed Articles o	f Organization and fee(s) are	cuhmi	tted for filin	n			
		-			-			
Please	return an corresp	ondence concerning this matt	ier to t	ne tollowing	ţ.			
	Sheri Mur	ohy-Hughes			<del></del>			
	(Name of Person)							
	Classiebawn Farm							
	(Firm/Company)							
	14615 SE 77th Court							
	(Address)							
	Summerfield, Florida 34491							
	(City/State and Zip Code)  HET AR ASR							
For further information concerning this matter, please call:								
Sheri Murphy-Hughes			at (	352	, 307-8803	12: 1 STAT LORI	U	
(Name of Person) (Area Code & Daytime Telephone Number) —								
Enclo	sed is a check for	or the following amount:						
<b>\$125</b>	.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{additional copy is enclosed}							
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrate Division Clifton 1 2661 Ex	courier Address tion Section of Corporations Building secutive Center Cir see, FL 32301	cle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Classiebawn Farm, LLC  (Must end with the words "Limited Liability	v Company "L.L.C." or "LLC")				
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
Classiebawn Farm, LLC	Classiebawn Farm, LLC				
4615 SE 77th Court	P.O. Box 1283				
Summerfield, Florida 34491	Summerfield, Florida 34492				
ARTICLE HI - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the results o	red Agent. You must designate an individual or another				
Sheri Murphy-Hughes	S ASS				
Name	∰ <sub>S</sub> _ <b>m</b>				
14615 SE 77th Court	ST/				
Florida street address (P.O. Box NOT acceptable)					
Summerfield	FL 34491				
City, State, ar	nd 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 (REOUIRED)

## 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 Sheri Murphy-Hughes 14615 SE 77th Court Summerfield, Florida 34491 **MGRM** Waits Hughes 14615 SE 77th Court Summerfield, Florida 34491 (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 authorized representative of a member. (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.) WAITS HUGHES

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)

Typed or printed name of signee