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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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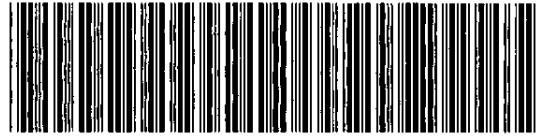
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001 Thomas MAR 26 2008

COVER LETTER

**TO: Registration section
Division of Corporations**

SUBJECT: RamRod Cattle Co., LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wilson Rodriguez

(Name of person)

RamRod Cattle Co., LLC

(Firm/Company)

645 Corner Oaks Road SW

(Address)

Labelle, FL 33935

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Wilson Rodriguez at **(954) 559-0762**

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

RamRod Cattle Co., LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC")

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**645 Corner Oaks Road SW
Labelle, FL 33935**

Mailing Address:

(Same as Principal Address)

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

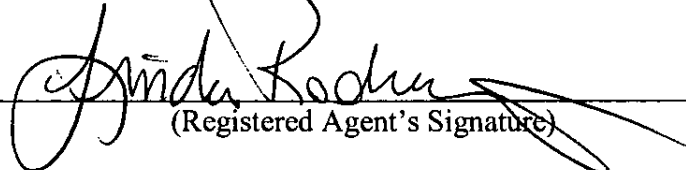
The name of the Florida street address of the registered agent are:

Linda Rodriguez

645 Corner Oaks Road SW

Labelle, FL 33935

Having been named as registered agent and to accept service of process fro 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 an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


(Registered Agent's Signature)

(Continued)
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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:

MGRM

Wilson Rodriguez
645 Corner Oaks Road SW
Labelle, FL 33935

MGRM

Linda Rodriguez
645 Corner Oaks Road SW
Labelle, FL 33935


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 or 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.)



Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$ 5.00 Certified of Status (Optional)

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