108000076/13

(Red	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



500133975475

******** 08/07/08--01024--007 **125.00

SEGRETANY OF STAD

D. BRUCE

AUG 08 2008

EXAMINER

TRANSMITTAL LETTER

TO: Registration Division o	on Section f Corporations				
SUBJECT:	BRAY BROTH	IERS FARM LLC			
	(Name of Limit	ted Liability Company)			
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.			
Please return all con	respondence concerning this mat	ter to the following:			
		TEPHEN BRAY			
		(Name of Person)			
	BRAY	BROTHERS FARM LLC			
-		(Firm/Company)			
	3721	90 KINGS FERRY RD	TAS (
<u> </u>		(Address)	LLAN	<u>.</u>	
	HILLIADO	Florida 32046	IASS	; :	
		y/State and Zip Code)			
For further information	tion concerning this matter, pleas	e call:	08 AUG -7 PM 12: 26 SECRE HALL OF STATE ALLAHASSEE, FLORIDA	<i>S</i>	
R. STEP	HEN BRAY	at (904) 626-3316			
1)	lame of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a chec	k for the following amount:				
Ø \$125.00 Filing F	Fee \$\Boxed\$ \$130.00 Filing Fee & Certificate of Status	2 \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
R D	TREET ADDRESS: egistration Section ivision of Corporations 09 E. Gaines Street	MAILING A Registration S Division of C P.O. Box 632	Section orporations		

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is	s:	
BRAY BROTHERS FARM LLC		
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
372190 KINGS RD	372190 KINGS RD	_
HILLIARD, Florida 32046	HILLIARD, FLORIDA 32046	•
	registered agent are: N BRAY R NGS FERRY ROAD ddress (P.O. Box NOT acceptable)	08 AUG -7 PH 12: 26
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

(CONTINUED)

. . . .

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" = Mar "MGRM" = M	nager Ianaging Member		•	
MGR	R. STEPHEN BRAY			
	372190 KINGS RD			
	HILLIARD, Florida 32046			
MGR	FRED A. BRAY			
	372232 KINGS FERRY RD			
	HILLIARD, Florida 32046			
MGR	JAMES M. BRAY			
	372138 KINGS FERRY RD			
	HILLIARD, Florida 32046			
(Use attachmer	nt if necessary)			
NOTE: An ac	Iditional article must be added if an effective date is requested.			
REQUIRED S	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	SEGRE IN S. D. TALLAHASSEE,	08 AUG -7 PI	
	that the facts stated herein are true.) R. STEPHEN BRAY	- 31 FLO	PM 12: 2(C a S
	Typed or printed name of signee		26	Name of the last o
	· ^1 · = L	Name of the last	471	

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)