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(Req	uestor's Name)	
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SECRETARY OF STATE BYVISION OF CORPORATIONS

T. HAMPTON nc1 - 7 2010

EXAMINER

COVER LETTER

TO:

Registration Section

· Division of C	orporations		
SUBJECT.	Two Mule Cattl	e Co. LLC	
SUBJECT:		ed Liability Company	_
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
Maxsor	B. Irsik		
_		Name of Person	
Two Mi	le Cattle Co, L	LC	
		Firm/Company	
7301 8	E 92nd Terrace		
		Address	
a i m	-211- DT 20641		
Gainst	rille, FL 32641	y/State and Zip Code	
max	_ 1 .	for future annual report notification)	
For further information	concerning this matter, please		
Maxson B.	Irsik	at (352) 231-0167	
Name	of Person	Area Code & Daytime Telephone Number	_
Enclosed is a check f	or the following amount:		
■\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of St Certified Copy (additional copy is	tatus &
	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 LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Two Mule 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:

Mailing Address:

7301 SE 92nd Terrace
Gainsville, FL 32641

7301 SE 92nd Terrace
Gainsville, FL 32641

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:

Maxson B. Irsik

Name

7301 SE 92nd Terrace

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

Gainsville

32641

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

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

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

MGRM	Maxson B. Irsik 7301 SE 92nd Terrace Gainsville, FL 32641
(Use attachment if necessary)	
CLEV: Effective date if other than th	e date of filing: (OPTIONA

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.)

Maxson B. Irsik

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 Certificate of Status (Optional)

SECRETARY OF SHALL SECRETARY OF CORPORATIONS