## L11000099398

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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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TALLAHASSEE, FLORIDA

N. Culligan AUG 3 0 2011

## **COVER LETTER** &

Registration Section
Division of Corporations

TO:

SUBJECT:	RELIABLI	E DAIRY, LLC			
Name of Limited Liability Company					
The enclosed Article	s of Organization and fee(s) are	submitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
	TRO	Y PEARSON			
		Name of Person			
	RELIA	BLE DAIRY, LLC			
7001000		Firm/Company			
	968	SR 51 SOUTH			
		Address			
	MAYO,	FLORIDA 32066			
	Ci	ty/State and Zip Code			
		nt86@yahoo.com			
	E-mail address: (to be used	for future annual report notification)			
For further informati	on concerning this matter, pleas	e call:			
TROY	PEARSON	at ( 386 <sub>)</sub> 688-1975			
Na	me of Person	Area Code & Daytime Telephone Number			
Enclosed is a check	c for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 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 Li	mited Liability Compa	any is:	
	RELIABI	LE DAIRY, LLC	
(Mı	ist end with the words "Limite	d Liability Company, "L.L.C.," or "LLC	")
ARTICLE II - Ad The mailing addres		the principal office of the Limi	ited Liability Company is:
Principal Office A	ddress:	Mailing Address:	
968 SR 51 SOUTH		968 SR 51 SOUTH	
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.)  Florida street address of TROY  968 SI  Florida str	stered Office, & Registered An Registered Agent. You must designate of the registered agent are:  Y PEARSON Name  R 51 SOUTH Treet address (P.O. Box NOT acceptate of the control of the registered agent are:  A control of the registered agent are:	FILED  AMERICAN OF STATE  ALAHASSEE, FLORIDA
liability compar registered agent ar statutes relating i	ny at the place designate and agree to act in this conto the proper and compligations of my position a	and to accept service of process f ed in this certificate, I hereby ac apacity. I further agree to comp lete performance of my duties, a as registered agent as provided for Signature (REQUIRED)	cept the appointment as ly with the provisions of all nd I am familiar with and

Page 1 of 2

(CONTINUED)

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

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

(Use attachment if necessary)  (It effective date, if other than the date of filing:  (In accordance with section for an authorized represent on a statute, the constitutes an affirmation under the penalties of perjury that it is a may be a statute, and it is a document of a statute and it is a document of a	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  Offective date is listed, the date must be specific and cannot be days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section 608.408(3), Florida Statutes, the constitutes an affirmation under the penalties of perjury that I am aware that any false information submitted in a docume constitutes a third degree felony as provided for in s.817.155.  TROY PEARSON	
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TROY PEARSON	stated herein are true.
<i>7</i>	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)