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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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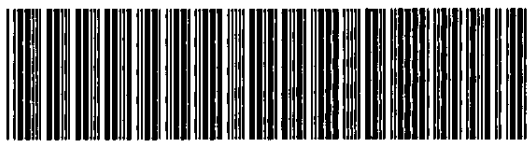
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# *S*SMITH LAW FIRM, LLC

ATTORNEYS AND COUNSELORS AT LAW

**B. LARRY SMITH, P.A.**  
"SNUFFY"

**B. SHANNON SMITH, P.A.**  
"SHANNON"

322 EAST PARK AVENUE  
CHIEFLAND, FLORIDA 32626

OFFICE (352) 490-5353  
FACSIMILE (352) 490-5337

August 29, 2011

Registration Section  
Florida Department of State  
Division of Corporations  
POB 6327  
Tallahassee FL 32314

RE: M.G Dairy, LLC.

To Whom It May Concern:

Please find enclosed for filing our firm check numbered 4462 in the amount of \$160:00 with the original Cover Letter and the original and copy of the Articles of Incorporation. Upon filing the originals provide our office with the Certificate of Status and certified copy of the Articles of Incorporation at 322 East Park Avenue, Chiefland FL, in the enclosed self addressed, stamped envelope.

In the meantime, I thank you for your time and consideration.

Sincerely,



B. LARRY SMITH  
BLS/cms  
enc

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** M.G. DAIRY, LLC.  
Name of Limited Liability Company

**COPY**

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

Please return all correspondence concerning this matter to the following:

B.L. SMITH, ESQ.  
Name of Person

SMITH LAW FIRM, LLC  
Firm/Company

322 EAST PARK AVENUE  
Address

CHIEFLAND, FLA  
City/State and Zip Code

CHRISTINE@SMITHLAWFIRM.ORG  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

B.L. SMITH, ESQ. at ( 352 ) 490-5353  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 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 Limited Liability Company is:

M. G. DAIRY, 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:**

8500 SOUTH EAST COUNTY ROAD  
TRENTON, FLA  
32693

(SAME)

**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:

GLENN MOYER

Name

8500 SOUTH EAST COUNTY ROAD

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

TRENTON, FLA FL 32693

City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

GLENN M. MOYER  
1484 CORLEY ROAD  
MANAS CHOICE, PA 15550

MGRM

EDMUND RONALD GECK  
899 MAUNGA TOUTARI ROAD RR2  
CAMBRIDGE, NEW ZEALAND, 3494

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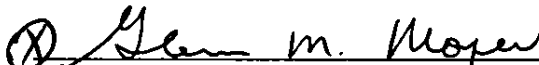
(Use attachment if necessary)

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TALLAHASSEE, FLORIDA  
OPTIONAL

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**ARTICLE V:** Effective date, if other than the date of filing: Sept. 15, 2011  
(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

GLENN M. MOYER  
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)