L11000/01/009

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
	A. LUNT

SEP -2 2011

EXAMINER

Office Use Only

000211305130

09/01/11--01013--005 **160.00

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.

KE, MIO Daily, 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\\$MI'

BLS/cms

enc

2011 SEP - 1 PM PS:

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	CT: M.G. DAIRY, LLC. Name of Limited Liability Company	
	Name of Limited Liability Company	
The en	losed Articles of Organization and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	Boh, SMITH, ESQ, Name of Person	
	Name of Person	
	SMITH LAW FIRM, LLC Firm/Company	SEP
		25型 —
	322 EAST PARK AVENUE	79 3
	Address	
	CHIETLAND : TLA	
	CHIETLAND; TLA City/State and Zip Code	
	CHRISTINE a SMITHLAWHEM. ORG E-mail address: (to be used for future annual report notification)	
For fur	er information concerning this matter, please call:	
101141	in mornation concenning and matter, please can.	
	B.L.SMITH, ESQ. at (352) 490 - 5353 Name of Person Area Code & Daytime Telephone Number	
	Name of Person Area Code & Daytime Telephone Number	_
Paulan	Alternative to Control Citizens and a control	
	d is a check for the following amount:	
\$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & }\int \\$155.00 \text{ Filing Fee & }\int \\$160.00 \text{ Filing Fee & }\int \\$160.00 \text{ Filing Fee & }\int \\$200 \text{ Certificate of Status}	
	(additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is	/
	Mailing Address Street/Courier Address	
	Registration Section Registration Section Division of Corporations Division of Corporations	
	P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 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. OAIRY, LLC (Must end with the words "Limited Liability	J
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8500 SOUTH EAST COUNTY ROAD TRENTON, 7 LA 32693	(SAME)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
GLENN MOYE	
Name	
SSDO SOUTH EAST	<u> </u>
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
TRENTON, THA	FL 32693
	e, and Zip
Having heen named as registered agent and to a	ccent service of process for the above stated limited

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):

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)