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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407) 581-9800
Fax Number : (407) 581-9801

Effective Date 01/01/12

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

REGISTEREDAGENT@SHUFFIELDLOWMAN.COM

FLORIDA LIMITED LIABILITY CO.
GARRARD FAMILY, LLC

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EXAMINER

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**ARTICLES OF ORGANIZATION
OF
GARRARD FAMILY, LLC
A Florida Limited Liability Company**

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**ARTICLE I
NAME**

The name of this limited liability company is GARRARD FAMILY, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II
MAILING AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company are as follows:

5351 Buck Creek Road
Finchville, KY 40022

Effective Date 01/01/12

**ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced effective January 1, 2012.

**ARTICLE IV
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address are as follows:

William R. Lowman, Jr., Esq.
Shuffield, Lowman & Wilson, P.A.
1000 Legion Place, Suite 1700
Orlando, FL 32801

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**ARTICLE V
MANAGEMENT**


The Company is to be a manager-managed company. A manager may receive compensation for his or its services. The name and address of the initial manager are as follows:

Stephanie Garrard
5351 Buck Creek Road
Finchville, KY 40022

**ARTICLE VI
APPLICABLE LAW**

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.


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William R. Lowman, Jr., Esq., as
Authorized Representative**ACCEPTANCE OF DESIGNATION
OF
REGISTERED AGENT**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.



William R. Lowman, Jr., Esq.