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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

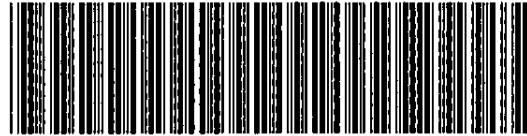
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN -9 PM 6:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 10 2012
EXAMINER

John F. Welch

Attorney at Law

916 S. E. Font King Street

Post Office Box 833

Ocala, Florida 34478

*John F. Welch **

** Also Admitted in New York*

Telephone

(352) 732-9800

Facsimile

(352) 732-9803

December 14, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Formation of Waldron Farms, LLC

Gentlemen:

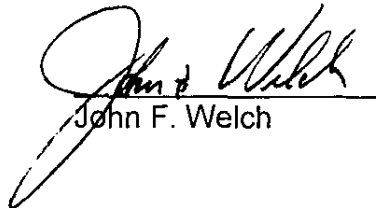
Enclosed herewith please find the original Articles of Organization and fee being submitted for the filing of the above-referenced corporation. Please return all correspondence concerning this matter to my office:

John F. Welch, Esq.
P.O. Box 833
Ocala, FL 34478-0833
My e-mail address is: hoyaoak@aol.com

For further information concerning this matter, please call: Hoyt E. Waldron, Sr. at (352) 595-5591.

Enclosed is a check for the following amount: \$125.00 for the filing fee.

Very truly yours,


John F. Welch

JFW:cl
Enclosures

12 JAN -9 PM 6:03
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WALDRON FARMS, 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:

17750 N. U.S. HWY. 301

CITRA, FL 32113

Mailing Address:

P.O. BOX 248

CITRA, FL 32113

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:

JOHN F. WELCH

Name

916 SE FORT KING STREET

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


OCALA

FL 34471

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

HOYT E. WALDRON, SR.

17750 N. U.S. HWY. 301

CITRA, FL 32113

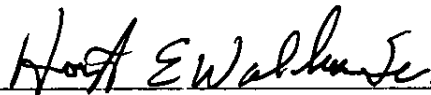
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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

HOYT E. WALDRON, SR.

Typed or printed name of signer

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)