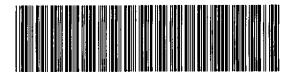
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(Requ	estor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

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K. SALY EXAMINER JUL 16 2012

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SUBJECT: Ward	_and Company2	, LLC	
SOBULCT.		d Liability Compa	ny
The enclosed Articles of	Organization and fee(s) are s	submitted for filing	
Please return all correspo	ondence concerning this matte	er to the following:	
Frederick	L. Bateman, Jr.		
		Name of Person	
Bateman	Harden, P. A.		
		Firm/Company	
P. O. Box	1454		
		Address	
Tallahassee	e, FL 32302		
"	•	/State and Zip Code	
<u>Jourk@bater</u>	nanharden.com E-mail address: (to be used fo	or future annual repor	rt notification)
For further information c	oncerning this matter, please	call:	
Jude Burk		at (850	222-1020
Name o	f Person	Area Code	& Daytime Telephone Number
Enclosed is a check for \$125.00 Filing Fee	the following amount:	\$155.00 Filing	g Fee & \$\int\\$160.00 Filing Fee,
√]\$123.00 Filing Fee	Certificate of Status	Certified Cop (additional copy	y Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	f Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	рT	ICI	F	I _ 1	Na	me
-	ю.		4 1 2	-	I V M	me.

The name of the Limited Liability Company is:



Ward Land Company2, 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:

Mailing Address:
P. O. Box 1454 Tallahassee, FL 32302
Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another egistered agent are:
Jr.
reet 💮 💆
ress (P.O. Box NOT acceptable)
_{FL} 32301
le, and Zip

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)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	r
MGRM	Charlie Ward
	PO Box 637
	Monticello, FL 32344
	
(Use attachment if necessary)	
	an the date of filing: July 11, 2012 . (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a	member of an authorized representative of a member.
constitutes an affirmatio I am aware that any false	ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, is information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Filing Fees:

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

Charlie Ward

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)