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COVER LETTER

TO: Registration Section
Division of Corporations

IBJECT: LIBERTY FARMS OF FLORIDA, L.L.C.

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

William C. Potter

Name of Person

William C. Potter, Attorney at Law

Firm/Company

3305 Calle Del Mar

Address

Melbourne, FL 32904

City/State and Zip Code

wlpott@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William C. Potter

_{.,},321 723-6625

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 - Nam			
The name of the Lin	nited Liability Con	npany is:	
LIBERTY FARMS OF FL	ORIDA. L.L.C.		
		mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		of the principal office of the Limited Liabilit	ty Company is:
Principal Office Address:		Mailing Address:	
325 Fifth Avenue		325 Fifth Avenue	
Suite 108		Suite 108	
Indialantic, FL 32903		Indialantic, FL 32903	
business entity with an ac		s of the registered agent are:	
			Z S 2
-	Val M. Steele	Name	CRE
		name	E S E
	325 Fifth Avenue, Suite	108	SSE &
Florida street address (P.O. Box NOT acceptable)			mo m
i	ndialantic	_{FL} 32903	F STA FLOR
City, State, and Zip			¥ 25 RIDA
		nt and to accept service of process for the above nated in this certificate, I hereby accept the ap	
registered agent a all statutes relatin	nd agree to act in thing to the proper and	his capacity. I further agree to comply with the I complete performance of my duties, and I am tion as registered agent as provided for in Cha	ne provisions of In familiar with

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

_	<u> </u>		Name and Address:	
	MGR" = Manager			
"]	MGRM" = Managin	g Member		
N	I GR		Val M. Steele	
-	· · · · · · · · · · · · · · · · · · ·		325 Fifth Avenue, Suite 108	-
			Indialantic, FL 32903	_
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(I	Use attachment if ne	cessary)		
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ATICL an eff or to o	EV: Effective date fective date is listed or 90 days after the REQUIRED SIGNATION Signatures a constitutes a	if other than the dat the date must be date of filing.) TURE: ATURE: Anature of a member or ace with section 608.408 an affirmation under the	an authorized representative of a member. (3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.	2012 DEC -5 SECRETARY OF TALLAHASSEE,
ATICL an eff or to o	EV: Effective date fective date is listed or 90 days after the REQUIRED SIGNATED SIG	if other than the data, the date must be date of filing.) TURE: Ture: Atture of a member or a member or a member or a member or a filing information under the hat any false information	an authorized representative of a member. (3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.	2012 DEC -5 AN SECRETARY OF S TALLAHASSEE, FL
TICL an eff or to o	EV: Effective date lective date is listed or 90 days after the REQUIRED SIGNATED SIG	if other than the data, the date must be date of filing.) TURE: Ture: Atture of a member or a member or a member or a member or a filing information under the hat any false information	an authorized representative of a member. (3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State	2012 DEC -5 SECRETARY OF TALLAHASSEE,

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

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

\$ 5.00 Certificate of Status (Optional)