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### **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
CUBIECT.			Harris Ridge, LLC
SUBJECT:	Name of Limite	d Liability Compa	any
The enclosed Article	s of Organization and fee(s) are so	abmitted for filing	g.
Please return all corre	espondence concerning this matte	r to the following	;
Cathi	C. Wilkinson		·
· · · · · · · · · · · · · · · · · · ·	]	Name of Person	
Cathi	C. Wilkinson, P	L	
		Firm/Company	
2940	Kerry Forest Pk	wy., Ste	. 103
		Address	
Tallah	assee, FL 323	<u> </u>	
owilking	•	State and Zip Code	e
CWINIIS	on@cwilkinsonlaw.c		ort notification)
For further information	on concerning this matter, please	call:	•
Cathi Will	kinson	<sub></sub> 850	668-4130 & Daytime Telephone Number
Name of Person		Area Code	e & Daytime Telephone Number
Enclosed is a check	for the following amount:		
□\$125.00 Filing Fee  □\$130.00 Filing Fee & Certificate of Status		■\$155.00 Filin Certified Co (additional cop	ppy Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	ourier Address ion Section of Corporations Building ecutive Center Circle see, FL 32301

## ARTICLES OF ORGANIZATION OF HARRIS RIDGE, LLC

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a limited liability company under the laws of the State of Florida sets forth the following:

#### ARTICLE I NAME

The name of the limited liability company is Harris Ridge, LLC, (hereinafter referred to as the "Company").

## ARTICLE II PERIOD OF DURATION

The Company shall have perpetual existence unless earlier dissolved as provided in the Florida Limited Liability Act or the Operating Agreement to be executed by all of the Members of the Company.

## ARTICLE III PURPOSE

The Company is organized for the purpose of engaging in any or all activity or business permitted under the laws of the United States and the State of Florida. The Company shall have and exercise all the powers accorded limited liability companies under the laws of the State of Florida.

## ARTICLE IV MANAGEMENT

The Company shall be managed by a manager or managers who shall be elected in the manner prescribed by the Operating Agreement of the Company. The manager or managers shall also hold the offices and have the responsibilities accorded to them by the Members and set forth in the Operating Agreement of the Company. The name and address of the manager who is to serve as the initial manager until a successor manager is elected and qualified are as follows:

The Owenby Family Corporation 3700 Bobbin Mill Road Tallahassee, FL 32312

#### ARTICLE V PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company in Florida is 817 Elizabeth Drive, Tallahassee, FL 32303.

#### ARTICLE VI REGISTERED OFFICE AND AGENT

The name and Florida street address of the initial registered agent of the Company are:

Ermine M. Owenby, Jr. 817 Elizabeth Drive Tallahassee, FL 32303

Having been named as registered agent and as the person to accept service of process for the above named limited liability company at the place designated in these Articles, 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, Florida Statutes.

ARTICLE VII EFFECTIVE TIME

These Articles shall be effective when filed with the Florida Department of State.

Executed by Ermine M. Owenby, Jr. the member of the Company, this <u>/2</u> day of December, 2012.

Ermine M. Owenby, Jr., Member

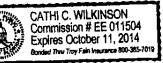
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SECRETARY OF STATE
TALL AHASSEF FROMINA

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this day of December, 2012, by Ermine M. Owenby, Jr. as Member of Harris Ridge, LLC, a Florida limited liability company. She is personally known to me or has produced as identification.

NOTARY PUBLIC - STATE OF FLORIDA



Print, Type or Stamp Name of Notary Public

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