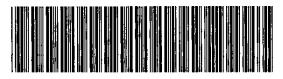
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N. Culligan FEB 2 2 200

COVER LETTER

TO:	Registration Se Division of Con	ection rporations	* ·	
SUBJE	ect: Roc	K Ridge Call	le Company LL	<u>C</u> :
The end	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all correspo	ondence concerning this matt	er to the following:	
-	Rich	ard Alder	Name of Person	
	Rock	Ridge Call	- Company Firm/Company	
	15645	RockRidg	eRd PolkCity	, Fla 33868
		POIKC	ity Fla 3384	28
-		rdalderma	or future annual report notification	<u>n</u>
For fur	ther information c	oncerning this matter, please	call:	
Ric	hard A	deman f Person	at (863) 712-9 Area Code & Daytime Telep	523 hone Number
Enclos	sed is a check fo	r the following amount:		
12 \$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)
		Malling 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	:
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The name of the Limited Liability Company is:

Rock Ridge Cattle Company LLC
(Must end Jith the words "Limited Liability Company, "L.C.," or "LLC.")

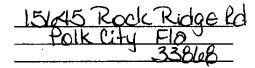
ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Of	fice Address:
15645	ROCK Ridge Rd

business entity with an active Florida registration.)

Mailing Address:



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

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

Richaed Alderman

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

POIK City State and Zin

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: Title: Name and Address:

mgr	Annelle Alderman 15645 Rock Ridge Rd
^ ^	Polk City Fla 338108
MGKM	Donald Alberman 3409 Juanita Deive
	DIBITE CITY FIA 3551010
	
(Use attachment if necessary)	
LE V: Effective date if other than t	he date of filing: (OPTIO

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.)

Hunette Alderman
Typed or printed name of signee

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)

FEB 21 AN II: 23 RETARY OF STATE