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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

10.	Division of Co				
SUBJE	Sout	hern Rodeo F	Productio	ns, LLC	
5000	<u></u>		ed Liability Compa		
The end	closed Articles o	f Organization and fee(s) are	submitted for filing	7 .	
Please	return all corresp	oondence concerning this matt	er to the following	;	
	Katie P	almer			
	Tatio i		Name of Person		
,			Firm/Company		
	2065 C	ounty Road 7	5		
			Address		
	Bunnell	FI 32110			
•	· · · · · · · · · · · · · · · · · · ·	Cit	y/State and Zip Code		
_	Fhsra7@a		<u></u>		
		E-mail address: (to be used i	•	ort notification)	
For furt	ther information	concerning this matter, please	call:		
Kat	tie Palm	ier	386	,93105	83
•	Name	of Person		& Daytime Telep	
Enclos	sed is a check for	or the following amount:			
	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional copy	ру	\$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	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporations Building ecutive Center C see, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Name:		
The name of	the Limited Liability Comp	pany is:	
Southern Rodeo	Productions, LLC	ited Liability Company, "L.L.C.," or "LLC.")	
	(Masi cha with the words Eith	ied Elability Company, E.E.C., or EEC.)	
ARTICLE II The mailing a		of the principal office of the Limited Liabi	lity Company is:
Principal Office Address:		Mailing Address:	
2065 CR 75		2065 CR 75	
Bunnell FI 32110		Bunnell Fl 32110	
business entity v	vith an active Florida registration.)	wn Registered Agent. You must designate an individual of the registered agent are:	2813 F TALL/
2065 CR 75		Name	要 罗
			SSEE SSEE
		street address (P.O. Box <u>NOT</u> acceptable)	
	Bunnell Fl 32110	FL	AM II: 26 FSTATE FLORIDA
		City, State, and Zip	26 TE NDA
liability co registered a all statutes	ompany at the place designa igent and agree to act in thi relating to the proper and o	and to accept service of process for the abouted in this certificate, I hereby accept the cost capacity. I further agree to comply with a complete performance of my duties, and I appears registered agent as provided for in Co	appointment as the provisions of am familiar with

(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>:</u> R" = Manager RM" = Managing Member	Name and Address:
MGR		Katie Palmer
MGR		Clint Palmer
-		
RTICLE V	attachment if necessary) 2: Effective date, if other than the ve date is listed, the date must days after the date of filing.)	date of filing: 02-20-13 . (OPTIONAL) be specific and cannot be more than five business days
REQ	UIRED SIGNATURE:	SECOND SE
	Signature of a member	r or an authorized representative of a member.
	constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
	Katie Palmer Tyr	ped 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)