

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

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Phone : (608)827-5300 : (608)827-5501

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Email Address: hesleyd@gmail.com

FLORIDA LIMITED LIABILITY CO.

FareFarm Limited Liability Company

Certificate of Status	0
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EXAMINER

P.002

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ARTICLES OF ORGANIZATION FareFarm Limited Liability Company

ARTICLE I

NAME

The name of the limited liability company shall be: FareFarm Limited Liability Company

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 289 North East 116 Street, Miami, Florida 33161.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the names and addresses of the members of the Limited Liability Company are: Jeremie Lousky, 289 North East 116 Street, Miami, Florida 33161

Douglas Hesley, 4820 Merriman Walk SE, Smyrna, Georgia 30080

Date: September 12, 2013

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

WI 53717 608-827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: FareFarm Limited Liability Company

The name and address of the registered agent and office is Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Mark Williams, A.V.P. Business Filings Incorporated

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Date: September 12, 2013

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SECRETARY OF STATE

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