L13000/L0584

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

EFFECTIVE DATE #



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COVER LETTER

TO: **Registration Section**

Division of Corporations

I & N Cattle Limited Liability Company

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:

Daniel	B. Irby						
-		Name of Person					
		Firm/Company					
3983 N	E Ashley Terr	race					
		Address					
Arcadia	a, FL 34266				<u>~</u>	2013	
Daniel.lrb	y21@gmail.com	ly/State and Zip Co	de			AON	60
	E-mail address: (to be used	for future annual re	port notification)		2.2	F-	ě
For further information	concerning this matter, please	e call:			men m	P	Party Cont.
Daniel B. I	rby	863	, 991-1	309	STAIR	PH 12: 48	ij N
Name	of Person	Area Co	de & Daytime Tele	phone Numi	ber	-	
Enclosed is a check f	or the following amount:						
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fil Certified C (additional co		Certifie	ate of Sta	atus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton	Courier Address ation Section n of Corporations Building xecutive Center C				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	any is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
I & N Cattle LLC.	

3983 NE Ashley Terrace	3983 NE Ashley Terrace
Arcadia, FL 34266	Arcadia, FL 34266

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 business entity with an active Florida registration.)

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

Daniel B. Irby	j'e-	33	CHICAGO
Name	Sapina A Paga	NCV	estativiti G 5
3983 NE Ashley Terrace	SSE	F	Transcent **
Florida street address (P.O. Box NOT acceptable)	<u> </u>	3	
Arcadia, FL 34266 FL	STAI	2:-	Cone P
City, State, and Zip	무금	9	

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 I - Name:

The name of the Limited Liability Company is:

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

The name and address of each Manager or Managing Member is as follows:

'MGRM" = Managing Member	
MGRM	Daniel B. Irby
	3983 NE Ashley Terrace
	Arcadia, FL 34266
MGRM	Kevin Norris
	4315 Oak Thicket Lane
	Zolfo Springs, FL 33890
MGRM	Tammy Norris
	4315 Oak Thicket Lane
	Zolfo Springs, FL 33890
Use attachment if necessary)	
	must be specific and cannot be more than five bu
LE V: Effective date, if other that fective date is listed, the date	must be specific and cannot be more than five builty.)
LE V: Effective date, if other that fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five but ag.) B. J.
LE V: Effective date, if other that fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a macordance with section constitutes an affirmation I am aware that any false	must be specific and cannot be more than five bung.) B. J.
LE V: Effective date, if other that fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a macordance with section constitutes an affirmation I am aware that any false	bember or an authorized representative of a member on 608.408(3). Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of States

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)