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(Re	questor's Name)	······································
(Ad	dress)	
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(Cit	y/State/Zip/Phone	- #n
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



200255278452

01/06/14--01012--020 **130.00



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Bishop Farms
30201	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Melissa Bishop
	Name of Person
	Bishop Farms
	Firm/Company
	11460 S.W. 105th way
	Address
	Graham, FL 32042
	City/State and Zip Code Canch8sr@gmail.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Me	elissa Bishop (352 \ 519-8822
	Name of Person Area Code Daytime Telephone Number
	sed is a check for the following amount: 00 Filing Fee \$\sum_{\text{Certificate of Status}} \sqrt{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \sqrt{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabil	ity Company is:		
Bishop Farms L.L.C.			
	with the words "l	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the prin	ncipal office of the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
11460 SW 105th way		PO Box 185	
Graham, FL.		Graham, FL	
32042		32042	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida stree	y cannot serve as active Florida reg		PILE FILE
-		Name	
	N 105th way a street address (F	P.O. Box NOT acceptable)	STATE FLORIDA
Gran	am	FL 32042	7
	City	Zip	

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Melissa Bishop
	PO Box 185
	11460 SW 105th way graham FL 32042

AMBR	Brandon Bishop
	PO Box 185
	11460 SW 105th way Graham, FL 32042
·	
EV: Effective date, if other than the da ctive date is listed, the date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
(Use attachment if necessary) EV: Effective date, if other than the date to the date is listed, the date must be so filling.) EVI: Other provisions, if any.	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
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E V: Effective date, if other than the da ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any.	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
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E V: Effective date, if other than the da ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a n (In accordance with section constitutes an affirmation	nember or an authorized representative of a member. 1605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the da ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a n (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. 1605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
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E V: Effective date, if other than the date citive date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. 1605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)