

L14000075611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

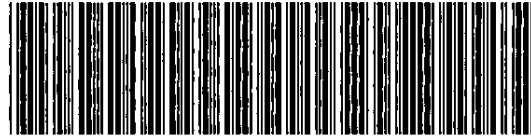
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 MAY -5 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 07 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AgFerret LLC  
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:

Jason Walthers  
Name of Person

AgFerret LLC  
Firm/Company

PO Box 1004  
Address

Moorhead, MN 56561-1004  
City/State and Zip Code

Jason3069@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Walthers at ( 218 ) 304-1372  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

|  |  |  |  |
|--|--|--|--|
| <input checked="" type="radio"/> \$125.00 Filing Fee | <input type="radio"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="radio"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="radio"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

Mailing 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 Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AgFerret LLC

(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 Company is:

**Principal Office Address:**

801 West Bay Drive  
Suite 461  
Largo, FL 33770

**Mailing Address:**

PO Box 1004  
Marquette MN 56561-1004

**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:

Ed Rivera

Name

801 West Bay Drive, Suite 461

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

Largo

City

FL

33770

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..

Ed Rivera  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

Jason Walthers

Po Box 1004

Moorhead, MN 56561-1004

Ed Rivera

801 West Bay Drive, Suite 461

Large, FL 33770

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Jason Walthers

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Jason Walthers

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)

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