

L14000084460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

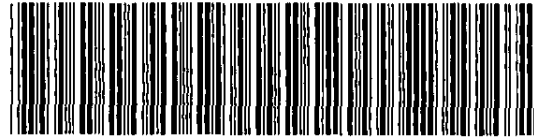
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800260140458

05/21/14--01001--006 **125.00

W14-32027

FILED

14 MAY 23 PM 1:00 RECEIVED

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS**

MAY 27 2014

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

5/20/14

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING LLC _____

1. Buck Ridge Farms Honey LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Buck Ridge Farms Honey
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:

Ferrol R. Holley
Name of Person

Buck Ridge Farm Honey
Firm/Company

P.O. Box 141
Address

Telogia, FL 32360
City/State and Zip Code

FRH63@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ferrol R. Holley at (850) 841-9364
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED
DEPARTMENT OF STATE

14 MAY 23 AM 10:20

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2014

CORPORATE ACCESS, INC.

SUBJECT: BUCK RIDGE FARMS HONEY LLC
Ref. Number: W14000032027

We have received your document for BUCK RIDGE FARMS HONEY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 814A00010976

Corrected

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Buck Ridge Farms Honey 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:

19947 NE SHAWN Rd.
Telogia, FL
32360

Mailing Address:

P.O. Box 14
Telogia, FL
32360

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:

Ferral B. Holley
Name

19947 NE Shawn Rd.
Florida street address (P.O. Box NOT acceptable)

Telogia FL 32360
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..

Ferral B. Holley
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 23 PM 1:15

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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

Name and Address:

Ferrol R. Holley
19947 NE Shawn Rd.
Telogia, FL 32360

DEPARTMENT OF STATE
ALLIANCE FLORIDA

14 MAY 23 PM 1:16

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5-25-14 (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:

Ferrol R. Holley

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.)

Ferrol R. Holley

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)