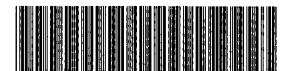
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Farmer's Granddaughter, LLC. Name of Lie	mited Liability Company	
	,	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Kerri Ziel	Name of Person	
	Name of Person	
	Firm/Company	
	. ,	
2729 Linwood Place	Address	
Orlando, Florida 32803		
	City/State and Zip Code	,
kerri.ziel@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information concerning this matter, plea	ase call:	
Kerri Ziel at ( _	407 ) 257-0362	·
Name of Person	Area Code Daytime Te	lephone 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)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  Registration Section	Street/Courier Add	ress
Division of Corporations	Registration Section Division of Corporat	tions
· P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DOTAGNES A DAY		
ARTICLE I - Name: The name of the Limited Liability Company is:		
Farmer's Granddaughter, LLC.		
(Must end with the words "Limited	d Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
2729 Linwood Place	2729 Linwood Place_	
Orlando, Florida 32803	Orlando, Florida 32803	
		<u> </u>
ARTICLE III - Registered Agent, Registered Office, The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.	Registered Agent. You must des	re: signate an individual or
The name and the Florida street address of the registered	d agent are:	
Jennifer Doran		
Name	8	
25247 Howard Drive		
Florida street address (P.O. Bo	x <u>NOT</u> acceptable)	
Winter Park	FL 32789	
City	Zip	
Having been named as registered agent and to accept se the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob Chap	ot the appointment as registered a of all statutes relating to the prop	gent and agree to act in this per and complete performance
Registered Agent's Signa	ature (REQUIRED)	g.;·
		₹ <b>≥</b> 67
(CONTINU	JED)	
Page 1 of 2	2	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Kerri Ziel
	2729 Linwood Place
	Orlando, Florida 32803
•	
(11	
(Use attachment if necessary)  EV: Effective date, if other than the fective date is listed, the date must of filing.)	ne date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 or
LE V: Effective date, if other than the fective date is listed, the date must of filing.)  LE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 o
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