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**TO: Registration Section
Division of Corporations**

2014 Aug 18 AM 11:10

SUBJECT: Steve Ledford L.L.C.
Name of 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:

Steve Ledford
Name of Person

Name of Person

Individual

Firm/Company

4830 NW 60 Ave.

Address

Chiefland, Fla. 32626

City/State and Zip Code

StJedford1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Ledford at 352 949-4723
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STEVE LEDFORD LLC.

(Must contain 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:

4830 NW 60 AVE.
Chiefland, FL 32626

Mailing Address:

4830 NW 60 AVE.
Chiefland, FL 32626

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:

Barbara Ledford
Name

1110 SW 3 Ave.
Florida street address (P.O. Box ~~NOT~~ acceptable)

Chiefland FL 32626
City State 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.

Barbara Ledford
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

FILED**Title:****"AMBR"** = Authorized Member**"MGR"** = ManagerAMBR**Name and Address:**

2014 AUG 18 AM 11:10

Steve Ledford
4830 NW 60 Ave
Chiefland, FLA. 32626Barbara Ledford
4830 NW 60 Ave
Chiefland, FLA. 32626AMBR

(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.NA**REQUIRED SIGNATURE:**Steve LedfordSignature 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.)

Steve Ledford

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)**