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Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
DARK HAMMOCK LEGACY RANCH, LLC**

Certificate of Status	0
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Page Count	03
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**Articles of Organization
for
Dark Hammock Legacy Ranch, LLC,
A Florida Limited Liability Company**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 605, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I
Name**

The name of this Company shall be **Dark Hammock Legacy Ranch, LLC**

**ARTICLE II
Duration**

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

**ARTICLE III
Mailing Address**

The mailing address of the principal office of this Company is **P. O. Box 1042, Winter Haven, Florida 33882**. The street address of the principal office of this Company is **2502 Partridge Drive, Winter Haven, Florida 33884**.

**ARTICLE IV
Registered Agent and Office**

The name and street address of this Company's initial registered agent for service of process in this state is as follows: **Baxter G. Troutman, 2502 Partridge Drive, Winter Haven, Florida 33884**.

**ARTICLE V
Management**

The Company is to be a manager-managed company.

**ARTICLE VI
Operating Agreement of Company**

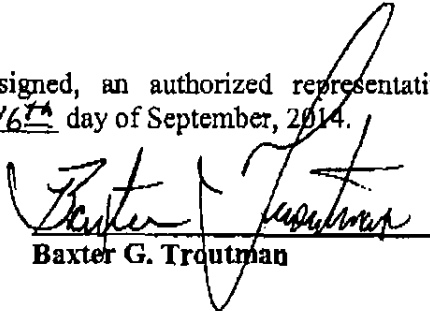
The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

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IN WITNESS WHEREOF, the undersigned, an authorized representative of the Company, has hereunto set his hand and seal this 6th day of September, 2014.


Baxter G. Troutman

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 6th day of September, 2014, by **Baxter G. Troutman**. He is personally known to me or produced his current drivers' license as identification.

(SEAL)




NOTARY PUBLIC

Print Name of Notary

My commission expires:


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STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent for **Dark Hammock Legacy Ranch, LLC** and to accept service of process for the company, 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 in Chapter 605, Florida Statutes.


Baxter G. Troutman

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 16th day of September, 2014, by **Baxter G. Troutman**, who is personally known to me, or who produced his current drivers' license as identification.

(SEAL)




NOTARY PUBLIC

Print Name of Notary

My Commission Expires:

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