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T. BROWN

## **COVER LETTER**

|                   | Division of C   | Corporations                           |            |                    |                 |  |  |
|-------------------|-----------------|--|------------|--------------------|-----------------|--|--|
| SUBJEC            | Т:              |  |            | Farm, LL           |                 | ompany   |  |
|                   |                 |  | 01         |                    | ,               |  |  |
| The encl          | osed Articles   | of Organization and                    | fee(s) ar  | e submitte         | d for f         | iling.   |  |
| Please re         | turn all corre  | spondence concernin                    | g this m   | atter to the       | follov          | ving:  |  |
|                   |                 |  |            | M. Mered<br>Name o |                 |  |  |
|                   |                 |  |            | Name               | n reist         | m  |  |
|                   |                 |  | М.         | Meredith           |                 |  |  |
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|                   |                 |  | 7928 U     |                    | vav 44<br>Iress | 1, Suite 3                                       |  |
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|                   |                 |  |            | eesburg.           |                 |  |  |
|                   |                 |  |            | •                  | •               |  |  |
|                   |                 | E-mail address: (t                     | o be used  | d for futur        | e annu          | thlink.net<br>al report notifica                 | tion)  |
| For furth         | er informatio   | n concerning this ma                   | tter, plea | ase call:          |                 |  |  |
|                   |                 | edith Kirste                           | at (_      | 352                |                 | 326-3  | <del></del>  |
|                   | Nan             | ne of Person                           |            | Area Co            | de              | Daytime Tel                                      | ephone Number  |
| Enclosed          | l is a check fo | r the following amou                   | ınt:       |                    |                 |  |  |
| <b>]</b> \$125.00 | Filing Fee      | □\$130.00 Filing l<br>Certificate of S |            | Certi              | fied Co         | ing Fee & opy oy is enclosed)                    | S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                   |                 | ling Address                           |            |                    | _               | et/Courier Add                                   | ress   |
|                   | Divi            | istration Section sion of Corporations | 3          |                    | Divi            | stration Section sion of Corporat                | ions   |
|                   |                 | . Box 6327<br>ahassee, FL 32314        |            |                    | 2661            | on Building<br>Executive Cent<br>hassee, FL 3230 |  |

## M. Meredith Kirste, P.A.

ATTORNEY AT LAW

7928 U.S. Highway 441, Suite 3 LEESBURG, FL 34788-8206

M. MEREDITH KIRSTE

TELEPHONE (352) 326-3455

FAX (352) 365-0055

September 10, 2014

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Articles of Organization for Griffin Farm, LLC

To Whom It May Concern:

Enclosed please find a cover letter, Articles of Organization for Griffin Farm, LLC, a copy of the Articles of Organization, and a check for \$155.00 made out to Florida Department of State. The check covers the Filing Fee and a certified copy. A copy of the Articles of Organization is included. I have also enclosed a self-addressed, postage paid envelope so that the certified copy can be returned to our office.

If you have any questions regarding this matter, please contact me.

Sincerely yours,

Elizabeth Mueller

Secretary to M. Meredith Kirste

**Enclosures** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |   |
|---|---|
|   |   |
| Griffin Fam   |   |
| (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 of  | fice of the Limited Liability Company is:   |
| Principal Office Address:   | Mailing Address:  |
| 1010 N. Lakeshore Blvd. Howey-in-the-Hills, FL 34737  | 1010 N. Lakeshore Blvd.  Howey-in-the-Hills, FL 34737   |
| ARTICLE III - Registered Agent, Registered Office, &<br>(The Limited Liability Company cannot serve as its own I<br>another business entity with an active Florida registration     | Registered Agent. You must designate an individual or   |
| The name and the Florida street address of the registered   | agent are:  |
| Rodney T. Griff   | lin, Sr.  |
| Name  |   |
| 1010 N. Lakesho   | ora Dhud  |
| Florida street address (P.O. Box  |   |
| Howey-in-the-Hills  | FL 34737  |
| City  | Zip   |
| the place designated in this certificate, I hereby accept<br>capacity. I further agree to comply with the provisions of<br>of my duties, and I am familiar with and accept the obli | vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, E.S |
| (CONTINUI   | ED)   |

Page 1 of 2

| 1010 N. Lakeshore Blvd.<br>Howey-in-the-Hills, FL 34737   |
|---|
|   |
| 305 N. Lakeshore Blvd.<br>Howey-in-the-Hills, FL 34737  |
| annot be more than five business days prior to or 90  |
| Asythorized representative of a member. b), Florida Statutes, the execution of this document ites of perjury that the facts stated herein are true. mitted in a document to the Department of State and for in s.817.155, F.S.) |
|   |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

4-5-6-6