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J. Shivers DEC 0 1 2014

COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT: Rockir	ng K Cattle Co., LLC Name of Li	mited Liability Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corr	espondence concerning this m	natter to the following:	
Kelly Fu	liford		
		Name of Person	
Rocking	K Cattle Co., LLC		
		Firm/Company	
<u>11205 T</u>	arpon Springs Rd.		
		Address	
<u>Odessa.</u>	FL 33556		
		City/State and Zip Code	
keljf1@verizon	net E-mail address: (to be use	d for future annual report notifica	ation)
For further information	on concerning this matter, ple	•	,
Kelly Fulford	at (:	813) 309-0724	
	me of Person		lephone Number
Enclosed is a check f	or 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)
	ailing Address gistration Section	Street/Courier Add	ress

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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	l Liability Compan	y is:		
Rocking K Cattle Co.,	LLC			
		ords "Limited Liabi	lity Company, "L.L.C.," or "LI	LC.")
ARTICLE II - Address The mailing address and		he principal office (of the Limited Liability Compar	ny is:
Principal Office Addre	<u>:ss:</u>	<u>M</u>	ailing Address:	
11205 Tarpon Springs Odessa, FL 33556			205 Tarpon Springs Rd. dessa, FL 33556	
	Company cannot sers with an active Flori	rve as its own Regis ida registration.)	gistered Agent's Signature: stered Agent. You must designa	ite an individual or
	Kelly Fulford	0 0		
<u>.</u>	telly (ulloid	Name		
_	11205 Tarpon Sp	rings Rd.		
	Florida street addr	ress (P.O. Box NO)	acceptable)	
<u>.</u>	Odessa		FI_ 33556	
	С	lity	Zip	
the place designated capacity. I further agr	in this certificate, I tee to comply with the familiar with and	hereby accept the a he provisions of all :	1	and agree to act in this nd complete performance
		(CONTINUED)		OV 17
		Dogs Lof?		F. 1

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Kelly Fulford
	11205 Tarpon Springs Rd.
	Odessa, FL 33556
MGR	Jack Fulford
	15002 Patterson Rd.
	Odessa, FL 33556
	P
	•
April of the state	
(Use attachment if necessary)	•
(Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	e of tiling: (OPTIONAL) secific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	ecific and cannot be more than five business days prior to or 90 da
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