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DEC 1 8 2014

T. HAMPTON

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Way of Life Farms LLC Name of Lin	mited Liability Company
The en	closed Articles of Organization and fee(s) a	re submitted for filing.
Please	return all correspondence concerning this m	natter to the following:
	Name of Limited Liability Company  osed Articles of Organization and fee(s) are submitted for filing.  curn all correspondence concerning this matter to the following:  Susan Burger  Name of Person  Firm/Company  11451 145th Road  Address  Live Oak, Florida 32060  City/State and Zip Code	
		Firm/Company
	11451 145th Road	Address
		City/State and Zip Code
st	ourger@wavoflifefarms.com	
For fur	ther information concerning this matter, ple	ase call:
Susar	Burger at (at (at (at (at (	386 ) 209-7852  Area Code Daytime Telephone Number
	ed is a check for the following amount:  10 Filing Fee   1130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & ✓ \$160.00 Filing Fee, Certified Copy 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:		
Way of Life Farms LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:	
Principal Office Address:	Mailing Address;	
11451 145th Road Live Oak, Fl 32060	11451 145th Road Live Oak, FI 32060	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an indivi	dual or
The name and the Florida street address of the registered ap	gent are:	
Susan Burger Name	, · · · · · · · · · · · · · · · · · · ·	
11451 145th Road Florida street address (P.O. Box N	NOT acceptable)	
Live Oak	FL 32060	
City	Zip	
Having been named as registered agent and to accept servithe place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter  Registered Agent's Signature	he appointment as registered agent and agree to all statutes relating to the proper and complete to ations of my position as registered agent as professors.	o act in this performance
(CONTINUE)		14

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SECRETARY OF STATE
SECRETARY OF STATE

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Christopher Burger
	11451 145th Road
	Live Oak, FI 32060
	***************************************
	<del> </del>
Use attachment if necessary)	
tive date is listed, the date must be specifi	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 9
ctive date is listed, the date must be specififiling.)	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 9
ctive date is listed, the date must be specifif filing.)  CVI: Other provisions, if any.	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 9
ctive date is listed, the date must be specifif filing.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:	nc and cannot be more than five business days prior to or s
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.02 constitutes an affirmation under the	The second cannot be more than five business days prior to or some second cannot be more than five business days prior to or some second cannot be more second cannot be privated from the second cannot be penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State
REOUIRED SIGNATURE:  Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as Susan M. Burger	The second cannot be more than five business days prior to or some second cannot be more than five business days prior to or some second cannot be more second cannot be privated from the second cannot be penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State
REOUIRED SIGNATURE:  Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as Susan M. Burger	The second cannot be more than five business days prior to or some second cannot be more than five business days prior to or some second cannot be provided representative of a member.  203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State is provided for in s.817.155, F.S.)  Append or printed name of signee
Signature of a member of a may a may a may a may a may a may be specification.  Signature of a member of a member of a may a may be a may	The second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be more than five business days prior to or second cannot be privated to the second cannot be provided for in s.817.155, F.S.)

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