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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations		
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CUDIE	CT. 7 ID Come 11 C		• •
SUBJE	CT: <u>7JP Cattle, LLC.</u> Name of Li	mited Liability Company	
The end	closed Articles of Organization and fee(s) a	are submitted for filing.	
Plesse i	return all correspondence concerning this n	natter to the following:	
i iouso i	eturn an correspondence concerning this in	nation to the following.	
	Clarice S Lott		
		Name of Person	
		Firm/Company	
	62 Ranch House Road		
		Address	
	Venus, FL 33960		
		City/State and Zip Code	_
lot	tranch@gmail.com		
	E-mail address: (to be use	ed for future annual report notific	ation)
For furt	her information concerning this matter, ple	ease call:	
	•		
Clarice		863) 441-0739	
	Name of Person	Area Code Daytime Te	elephone Number
Enclose	ed is a check for the following amount:		
S125.0	0 Filing Fee \$\Bigcup \\$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
*	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is chelosed)
	Mailing Address	Street/Courier Add	ress
	Registration Section	Registration Section	
	Division of Corporations	Division of Corpora	tions

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

7JP Cattle, LLC.	
(Must end with the wo	rds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
62 Ranch House Road	62 Ranch House Road
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serv	venus, FL 33960 ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an ida registration.)
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot ser- another business entity with an active Floric	ered Office, & Registered Agent's Signature: ye as its own Registered Agent. You must designate an ida registration.)
	ered Office, & Registered Agent's Signature: ye as its own Registered Agent. You must designate an ida registration.)
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot ser another business entity with an active Floric The name and the Florida street address of the service of	ered Office, & Registered Agent's Signature: ye as its own Registered Agent. You must designate an ida registration.)
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot sert another business entity with an active Florida. The name and the Florida street address of total Clarice S Lott.	ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an idla registration.) the registered agent are: Name
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot sert another business entity with an active Florida. The name and the Florida street address of total Clarice S Lott.	ered Office, & Registered Agent's Signature: we as its own Registered Agent. You must designate an ida registration.) he registered agent are: Name
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot sert another business entity with an active Florida. The name and the Florida street address of total Clarice S Lott.	ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an idla registration.) the registered agent are: Name

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
"MGR" = Manager	I Austin Lett
MGR	J Austin Lott 64 Boyer Street
	Venus, FL 33960
	VC1103, 1 E 30300
MGR	Tyler W Lott
	62 Ranch House Road
	Venus, FL 33960
<u></u>	
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E V: Effective date, if other than the date of	of filing:
ective date is listed, the date must be spec of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
E V: Effective date, if other than the date octive date is listed, the date must be specifiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
E V: Effective date, if other than the date cective date is listed, the date must be spec	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
E V: Effective date, if other than the date concerns date is listed, the date must be specifilling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	ther or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 15 JAN-2 AMII: 15
SECRETARY OF STATE
SECRETARY OF STATE