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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRELARY OF STATE

K.SALY EXAMINER MAR 31 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Future Kash Farms LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Seth & Kaylon Rodriguez Name of Person
Future Kash Farms Firm/Company
9801 Fox Central
Polk City, FL 33868 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kaylon Rodnaulz at (863) 370-0314 Name of Person at (863) Daytime Telephone Number
Enclosed is a check for the following amount:
\$\text{\$\subset\$125.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status (additional copy is enclosed) \$\text{\$\subset\$\$\$\$\$\$\$ Certified Copy (additional copy is enclosed)}\$\$\$ 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:
Future Kash Farms L.L.C.
(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 office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
9801 Fox Central Polk City, FL 33868 Polk City, FL 33868
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Karlon Kodnavez
Name U
9801 Fox Central
Florida street address (P.O. Box NOT acceptable)
POIK City FL 33868
City Zip
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 695, F.S

(CONTINUED)

Registered Agent's Signature (REQURED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u> MGR</u>	Seth Rodriquez
	9801 Fox Central
	POIK City, FL 33868
MGR_	Kaylon Rodniquez
	9801 Fox Central Px
	POINCITY, FL 33868
	St.
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