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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | siness Entity Nan | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | : |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|-----------|---|--|--|
| SUBJI | CCT: <u>Jrock Cattle LLC</u> Name of Li | mited Liability Company | |
| The en- | closed Articles of Organization and fee(s) a | re submitted for filing. | |
| Please | return all correspondence concerning this n | natter to the following: | |
| | TotalLegal | Name of Person | |
| | TotalLegal | | |
| | | Firm/Company | |
| | 375 118th Ave SE, Ste 118 | Address | |
| | Bellevue, WA 98005 | | |
| | | City/State and Zip Code | |
| Tiu | n@bsinsinc.com E-mail address: (to be use | d for future annual report notifica | ation) |
| For furt | her information concerning this matter, ple | ase call: | |
| TotalL | egal at (at (at (| 866) 815-6840 Area Code Daytime Tel | lephone Number |
| Enclose | d is a check for the following amount: | | |
| ☑ \$125.0 | O Filing Fee \$\sum \text{S130.00 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) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236 | ions er Circle |

2015 NAR 13 PM 1:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name:

| The name of the Limited Liability Company | is: | |
|---|---|--|
| Jrock Cattle LLC | | |
| (Must end with the word | ds "Limited Liability Company, "L.L.C.," or "L | .LC.") |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liability Compa | any is: |
| Principal Office Address: | Mailing Address: | |
| 300 Oxbow Dr Sebring, FL 33876 | 300 Oxbow Dr Sebring, FL 33876 | |
| | red Office, & Registered Agent's Signature: as its own Registered Agent. You must design a registration.) | ate an individual or |
| The name and the Florida street address of the | e registered agent are: | |
| James R. Schucha | rdt Name | en e |
| | Name | والمنابية المنابية |

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.

FL 33876

Zip

Registered Agent's Signature (REQUIRED)

Florida street address (P.O. Box NOT acceptable)

City

300 Oxbow Dr

Sebring

(CONTINUED)

Page 1 of 2

| MGR | Rock D. Breitzman | _ | |
|---|--|---|------------|
| | 600 Mac La. Sebring, FL 33875 | _ | |
| | Sebling, FE 33073 | _ | |
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| (11 | | - | |
| (Use attachment if necessary) | | | |
| fective date is listed, the date must be specific and | d cannot be more than five business days prior to or | 90 days | af |
| of filing.) | · · · | | |
| or ming.) | | | |
| <u> </u> | | | |
| LE VI: Other provisions, if any. | | | |
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| LE VI: Other provisions, if any. | | | - · |
| LE VI: Other provisions, if any. REQUIRED SIGNATURE: | an authorized convergentative of a member | - | - |
| REQUIRED SIGNATURE: Signature of a member or (In accordance with section 605,0203 (| an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document | | - |
| REQUIRED SIGNATURE: Signature of a member or (In accordance with section 605.0203 (constitutes an affirmation under the pen | (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. | | |
| REQUIRED SIGNATURE: Signature of a member or (In accordance with section 605.0203 (constitutes an affirmation under the pen 1 am aware that any false information si | (b), Florida Statutes, the execution of this document talties of perjury that the facts stated herein are true. abmitted in a document to the Department of State | - - | Cuic |
| REQUIRED SIGNATURE: Signature of a member or (In accordance with section 605.0203 (constitutes an affirmation under the pen | (b), Florida Statutes, the execution of this document talties of perjury that the facts stated herein are true. abmitted in a document to the Department of State | | 2010 |
| Signature of a member or (In accordance with section 605.0203 (constitutes an affirmation under the pen 1 am aware that any false information so constitutes a third degree felony as prov | 1) (b), Florida Statutes, the execution of this document palties of perjury that the facts stated herein are true, abmitted in a document to the Department of State yided for in s.817.155, F.S.) | | Ce10 |
| Signature of a member or (In accordance with section 605.0203 (constitutes an affirmation under the pen 1 am aware that any false information so constitutes a third degree felony as prov | 1) (b), Florida Statutes, the execution of this document palties of perjury that the facts stated herein are true, abmitted in a document to the Department of State yided for in s.817.155, F.S.) | 12. 12. 12. 12. 12. 12. 12. 12. 12. 12. | CH10 |
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| Signature of a member or (In accordance with section 605.0203 (constitutes an affirmation under the pen I am aware that any false information seconstitutes a third degree felony as prov James R. Schuchardt Typed | 1) (b), Florida Statutes, the execution of this document palties of perjury that the facts stated herein are true, abmitted in a document to the Department of State yided for in s.817.155, F.S.) | - 1414 881 H | 7 Lance Co |

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

James R. Schuchardt 300 Oxbow Dr Sebring, FL 33876

ARTICLE IV-

"MGR" = Manager

MGR

"AMBR" = Authorized Member

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)