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APR - 7 2015

T. BROWN

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

**\*** 

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE: 577752 7543726
AUTHORIZATION :
COST LIMIT: \$130.00
ORDER DATE : April 6, 2015
ORDER TIME : 1:08 PM
ORDER NO. : 577752-005
CUSTOMER NO: 7543726
DOMESTIC FILING
NAME: HUGHES FARM LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Robert O'byrne - EXT. 62053

EXAMINER'S INITIALS:

## COVER LETTER

то:	Registration Section Division of Corporations	
SUBJI	CCT: Hughes Far Name of Li	m LLC mited Liability Company
The en	closed Articles of Organization and fee(s)	are submitted for filing.
Please	return all correspondence concerning this r	natter to the following:
	Beverly Lowery, Senior Paralegal	Name of Person
	DLA Piper LLP (US)	Firm/Company
	1201 West Peachtree Street, Suit	e 2800 Address
	Atlanta, GA 30309-3450	City/State and Zip Code
<u>B</u>	EVERLY.LOWERY@DLAPIPER.COM E-mail address: (to be us	ed for future annual report notification)
For fur	ther information concerning this matter, ple	ease call:
<u>Bever</u>	Name of Person	404 ) 736-7838  Area Code Daytime Telephone Number
_	ed is a check for the following amount:  0 Filing Fee \$\sum_{\text{Certificate of Status}}\$	□\$155.00 Filing Fee & □\$160.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ACTIC	EESOF ORGANIZATION	OKT DOMD/CLA	III CO CADICATI C	.О/П/Д(1
ARTICLE 1 - Name:				ompany is:
The name of the Limited	Liability Company is:			<b>*</b> *
	, , ,			
	Hughes Farm LLC			
(Mı	ist end with the words "Lin	nited Liability Co	т <b>ра</b> лу, "L.L.С.," о	ர "LLC.") இத்த
ADTICLE IS A SE				8 2
ARTICLE II - Address:	: street address of the princip	and office of the I	imited Liability Co	Ampany is:
The manning address and	street address of the princip	Dai Ginee of the E	mined Elability Co	impany is.
Principal Office Addres	s:	Mailing	Address:	
	·-			Ø.
201 East Fort George	Way	201 Eas	t Fort George Wa	iy
Sunset, SC 29685		<u>Sunset.</u>	SC 29685	
	red Agent, Registered Off ompany cannot serve as its			
	vith an active Florida registi		<b>C</b>	
		,		
The name and the Florida	street address of the regist	ered agent are:		•
	· ·	J		
2	Corporation Service Com	pany		
	N	lame		
	2011			
	201 Hays Street	n Nor	. 11.	
1	Florida street address (P.O.	Box NOT accep	lable)	
T	Tallahassee	FL	32301	
	City	, , ,	Zip	
	٥,		-2. p	
Having been named as r	egistered agent and to acce	nt service of proce	ess for the above sta	ated limited liability company at
				agent and agree to act in this
				per and complete performance
				ered agent as provided for in
cy my courtou, ama x am	1	Chapter 605, F.S.:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	area agem as provided for m
		,		
`		' / ,		
	11	/ / /		
/	Registered Agent's S	Signature (ROPO)	REGILL COHIL	eb
	7			
		<u>ا</u> `	Vice Preside	ent II

Page 1 of 2

(CONTINUED)

	Name and Address:
AMBR" = Authorized Member	,
MGR" = Manager	
AMBR	Christopher A. Hughes
· · · · · · · · · · · · · · · · · · ·	201 East Fort George Way
	Sunset, SC 29685
AMBR	Karen M. Hughes
	201 East Fort George Way
	Sunset, SC 29685
V: Effective date, if other than the dative date is listed, the date must be:	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
Use attachment if necessary)  EV: Effective date, if other than the dattive date is listed, the date must be a filling.)  EVI: Other provisions, if any.	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be filling.)	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the dative date is listed, the date must be filing.)  VI: Other provisions, if any.	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the dative date is listed, the date must be filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or s
CV: Effective date, if other than the date receive date is listed, the date must be a filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a reconstitutes an affirmation to I am aware that any false inference is a signature of the constitutes any false inference.	specific and cannot be more than five business days prior to or s
CV: Effective date, if other than the date tive date is listed, the date must be if filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a real (In accordance with section constitutes an affirmation to I am aware that any false information are the constitutes at third degree fellows.)	nember of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State

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