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Office Use Only



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M. MILLIGAN EXAMINER

APR 1 3 2015

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## **COVER LETTER**

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TO: Registration Section Division of Corporations	
SUBJECT: HOrstmeyer Farm, LLC Name of United Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Justin Horstmeyer Name of Person	-
Horstmeyer Farm Firm/Company	-
2740 W. SR46	
Address	
Geneva, FL 32732 City/Spate and Zip Code	_
HONSTMEYER FOR E yahoo . COM  E-mail address: (to be used for future annual report riptification)	
For further information concerning this matter, please call:	
TUSTIN HOr Styler at (321) 262-1740  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status  Certificate of Status & Certificate of St	

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:		
Horstmeyer Farm	LLC	
(Must end with the words "Limited I	iability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
2740 W.S.R.46 geneva, FL. 32732.	Same	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designa	ate an individual or
The name and the Florida street address of the registered a  Horstmeyer Far  Name  115 North Lau  Florida street address (P.O. Box I  Santord  City	rm ! garden  urel Alle  NOT acceptable)  FL 32771  Zip	linea de la
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapte	the appointment as registered agent fall statutes relating to the proper a	and agree to act in this and complete performance
Registered Agent's Signatu	re (REQUIRED)	
(CONTINUE	D)	क्षा ज
Page 1 of 2		FILED IN I

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Tucling Horchander are
AMBR	Justin Horstmeyer
	genera, FL 32732
AMRR	Shanna Rae Horstmeuer
	2740 W. Sp. 46
	<u>genera, Fl. 30732</u>
(II	
EV: Effective date, if other than ctive date is listed, the date mu f filing.)	the date of filing: (OPTIONAL)  st be specific and cannot be more than five business days prior to or 9
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