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COVER LETTER

TO:

Registration Section

Mailing Address

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Upson & Sons Swine Producers L.L.C. 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:	
Terry Lee Upson Jr. Name of Person	
upson & Son's Swine Producers LLC.	
529 Hillview dr.	
Address	
Altamonte Springs F1. 32714 Chy/State and Zip Code	
TWSO n 529 @ 9Mail. COM VE-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Terry Lee Upsom Ir. at (321) 239-0707 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	:d)
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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

Upson & Sons Swine Producers L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

525 Hillview dr. 525 Hillview dr. Altamonte, Springs, Fl. 32714	<u> </u>
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 incanother business entity with an active Florida registration.)	dividual or
The name and the Florida street address of the registered agent are:	
Terry Lee Upson Jr.	
529 Hillview dr.	
Florida street address (P.O. Box NOT acceptable)	
Httamonte, Springs FL 32714 City Zip	
Having been named as registered agent and to accept service of process for the above stated limited lie the place designated in this certificate, I hereby accept the appointment as registered agent and agr	

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 Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Titte:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Taraba Mara Ta
manager	TEAN (RE MASON CIT.
G	Altemonte Springs F1.32714
MBR	Terry Lee Meson Sr.
	525 Hillylew Dr.
1000	Tiltamonte springs 17,32714
HMBR	lafford Upson
	Altamonte Spans. FC. 32714
	,
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Use attachment if necessary)	
EV: Effective date, if other than the ctive date is listed, the date must b filling.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days prior to or
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	a member of an authorized representative of a member. n 605.0207 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the ctive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false in the constitute of the	a member of an authorized representative of a member. In 605.0207 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. In 605.0207 (1) (b) and the penalties of perjury that the facts stated herein are true.
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CV: Effective date, if other than the effive date is listed, the date must be filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false i constitutes a third degree in the section of the se	a member of an authorized representative of a member. n 605.020 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. nformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee
V: Effective date, if other than the tive date is listed, the date must b filling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false in constitutes a third degree of the constitutes and the constitutes are the constitutes as the constitutes at the constitutes as the constitu	a member of an authorized representative of a member. In 605.0207 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent

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