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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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05/04/15--01006--004 **130.00

SECRETARY OF STATE

SECRETARY OF STATE
UNVISION OF CORPORATION

MAY 2 9 2015

COVER LETTER

	Registration Division of C							
SUBJEC	North Riv	ver Cattle 🗪 LLC						
SOBJEC		Name of L	imited Liabil	ity Company				
The enclo	osed Articles	of Organization and fee(s)	are submitted	for filing.				
Please re	turn all corres	pondence concerning this i	natter to the f	following:				
	Emil Miu							
			Name of	Person			٠	
	 	7-700 à 1170 a 1170 a 1180	Firm/Co	mpany			•	
	10619 Bud	Rhoden Rd						
			Addr	ess	, <u>, , , , , , , , , , , , , , , , , , </u>		<u>*</u>	ivi6 S
	Palmetto F	L 34221				SECR	5 HAY	ECRE SION
	northriverca	ttle@gmail.com	City/State an	d Zip Code		FTARY	128	TARY OF CC
	*	E-mail address: (to be use	d for future a	nnual report notificati	on)	<u> 100</u>	PH	APO (
For further	information c	concerning this matter, plea	ise call:			STATE	ယ္	OF STATE ORPORATIONS
	emil	at (813	9576322		A	~	O.¥.
	Na	me of Person	Area Code	Daytime Telephone	Number			
Enclosed	is a check for	the following amount:						
\$125.001	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filin Certificate of Certified Con (additional con	f Status & py		
	Regis Divis P.O.	ing Address stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle			



May 7, 2015

EMIL MIU 10619 BUD RHODEN RD PALMETTO, FL 34221

SUBJECT: NORTH RIVER CATTLE LLC

Ref. Number: W15000032543

We have received your document for NORTH RIVER CATTLE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 315A00009591

SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAY 28 PM 3: 52
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

North River Cattle	LLC		
(Must end	d with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal of	ffice of the Limited	Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
10619 Bud Rhoden	Rd.	1061	9 Bud Rhoden Rd.
Palmetto, FL 3422 ARTICLE III - Registered Af (The Limited Liability Compan	gent, Registered Office, &	& Registered Agent. \	
Palmetto, FL 3422 ARTICLE III - Registered Artific Companion another business entity with an	gent, Registered Office, & y cannot serve as its own active Florida registration taddress of the registered	& Registered Agent. \ Registered Agent. \ n.)	it's Signature:
	gent, Registered Office, & y cannot serve as its own active Florida registration	& Registered Agent. \ Registered Agent. \ n.)	it's Signature:
Palmetto, FL 3422 ARTICLE III - Registered Artific Companion another business entity with an	gent, Registered Office, & y cannot serve as its own active Florida registration taddress of the registered	& Registered Agent. 'Registered Agent.' 'n.) agent are:	it's Signature:
Palmetto, FL 3422 ARTICLE III - Registered Artific Companion another business entity with an	gent, Registered Office, & sy cannot serve as its own active Florida registration taddress of the registered Emil Miu	& Registered Agent. Y Registered Agent. Y agent are: Name	nt's Signature: You must designate an individ
Palmetto, FL 3422 ARTICLE III - Registered Artific Companion another business entity with an	gent, Registered Office, & by cannot serve as its own active Florida registration taddress of the registered Emil Miu 10619 Bud Rhoden R	& Registered Agent. Y Registered Agent. Y agent are: Name	nt's Signature: You must designate an individ

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 MAY 28 PM 3: 52 SECRETARY OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS

Title:	Name and Address:		
	nthorized Member		
"MGR" = Man			
AMBR			_
	10619 bud rhoden rd	 .	
	palmetto FL 34221		
AMBR	Susan Miu		
	10619 bud rhoden rd		
	palmetto FL 34221		
		·	
			
			_
-			_
	with the state of		_
			_
(Use attachmer	nt if necessary)		
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ARTICLE IV-

Page 2 of 2