

JUN 12-2015

:40

08 8

550

27 501

P 00

L15000096042

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000131146 3)))



H150001311463ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : BUSINESS FILINGS
 Account Number : 105256001620
 Phone : (608) 827-5300
 Fax Number : (608) 827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Ft. Barker Cattle Co., LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

15 JUN -2 PM 3:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

15 JUN -2 PM 4:00

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

gf 6/3/15

FAX AUDIT # H150001311463

FILED

15 JUN -2 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION
OF
Ft. Barker Cattle Co., LLC****ARTICLE I NAME**

The name of the limited liability company is: Ft. Barker Cattle Co., LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 307 SE CR 357, Mayo, Florida 32066.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Patricia Stuart, 4424 NW American Lane Ste 101, Lake City, Florida 32055. Located in the County of Columbia.

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..

Signature: Patricia Stuart
Patricia Stuart

Date: 6-1-2015**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:

Jule D Springer, 307 SE CR 357, Mayo, Florida 32066

FAX AUDIT # H150001311463

FAX AUDIT # H15000131146 3**ARTICLE V DURATION**

The duration for the limited liability company shall be: Perpetual.



Date: June 1, 2015

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

FILED
15 JUN -2 PM 4:00
DEPARTMENT OF STATE
ALBUQUERQUE, NEW MEXICO

FAX AUDIT # H15000131146 3