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effective date 1-30-15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG - 3 AUG

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Red Bridge Farm, LLC Name of Limited Liability Company
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:
Jonathan K. Brown Name of Person
Red Bridge Farm, LLC
Red Bridge Farm, LLC Firm/Company
Post Office Box 26
Address
Malone, Florida 32445
Malone, Florida 32445 City/State and Zip Code redbridgeform // Com Email address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amy L. Brown at (850) 569-5980 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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 individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Pennis L. Fratt, Esq.

Name

770 Baldwin Ave

Florida street address (P.O. Box NOT acceptable)

Defuniak Springs, FL 32475
City State 7in

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Amy L. Brown
	Malone, Florida 32445
AMBR	
/ H/ B/C	Jonathan K. Brown
	maione, Florida 22445
•	· · · · · · · · · · · · · · · · · · ·
EV: Effective date, if other than the datective date is listed, the date must be sof filing.)	te of filing: July 30, 2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not
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