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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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15 SEP -2 PN 3-17



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: This He Thickets Farm of F Name of Limited Liability Company	Torida, LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alicia Bays	
Name of Person	
Firm/Company	
12024 Veal Road	
Panama City FL 36 City/State and Zip Code	1404
E-mail address: (to be used for future annual report	octification)
For further information concerning this matter, please call:	,
Alicia Bays at (240) 997 Name of Person Area Code Daytime To	18320 Felephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certificate of Status \$155.00 Filing Fee Certified Copy (additional copy is enco	Certificate of Status &
Mailing AddressStreet AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildTallahassee, FL 323142661 Execut	Section Corporations

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	IILEU
Thistle Thickets Farm o	Florida LLC SEERETARY OF STATE SALLAHASSEE, FLORIDA
(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the I	
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:

ARTICLE I - Name:

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

Panama City FL 32

State

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 gs registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Dictator	Alicia Bayr 12024 Veal Road
Chief Technical Officer: (AMBR)	Ogia giam Ail El 32/10/1
(HMKK)	Panama City, Fl 32404
(Use attachment if necessary)	
ective date is listed, the date must be specific a of filing.)	and cannot be more than five business days prior to or 90 d
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REQUIRED SIGNATURE: Signature of a member (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	and cannot be more than five business days prior to or 90 de the applicable statutory filing requirements, this date will not b
REQUIRED SIGNATURE: Signature of a member (In accordance with section 60 constitutes an affirmation under lam aware that any false inforconstitutes a third degree felor	he applicable statutory filing requirements, this date will not be site's records. For an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, remation submitted in a document to the Department of State
of filing.) If the date inserted in this block does not meet the ment's effective date on the Department of State. E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor Typ. \$125.00 Filling Fee for Articles of Organization.	ror an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this documer er the penalties of perjury that the facts stated herein are true. romation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
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