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COVER LETTER

Division of Corporations
SUBJECT: Heavy Duty Farm o Ranch LLC 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:
Karl Asheraft Name of Person
Name of Person
Heavy Duty Farm + Ranch Firm/Company 4656 STeve Roberts Special Address
Firm/Company
4656 STeve Roberts Special
Address
201fo Springs fl. 33890 City/State and Zip Code ashcraft. Karle Yahow.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karl Ashcraft at 720, 261 5956
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 & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$Certified Copy (additional copy is enclosed)} \text{\$\$}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	,		
Heavy Duty Farm + Rang	ch LLC.	- 2	15 0
(Must end with the words "Limited Liability Con	mpany, "L.L.C.," or "LLC.")	1.4	CT
ARTICLE II - Address:		7 t.	to 57
The mailing address and street address of the principal office of the Li	imited Liability Company is:	ή _ς	P ::
Principal Office Address:	Mailing Address:	= Z ₀	1.5
4656 Steve Roberts Special	46 56 Steve	Robei	150 Specia
Zolfo Springs Florida 33890	Zolfo Sprina florida 3380	30	

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:

Name

4656 STeve Roberts Special

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

Zoffe Springs florida 33890
City State Zip

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: "AMBR" = Authoriz	ed Member	Name and Address:
"MGR" = Manager	od Wieliber	Karl Ashcraft
mer		4656 steve Roberts Special Florida 33890
		
		-n- 6n
 		
		18
EV: Effective date, ective date is listed, to filing.)	f other than the date of he date must be specif	filing: <u>January 1 2016</u> . (OPTIONAL) It and cannot be more than five business days prior to or 90 d
E V: Effective date, sective date is listed, to filling.) 'the date inserted in tement's effective date	f other than the date of the date must be specificated by the block does not meet on the Department of S	ic and cannot be more than five business days prior to or 90 d t the applicable statutory filing requirements, this date will not b
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ARTICLE IV-