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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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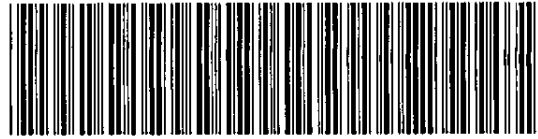
(Business Entity Name)

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T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 944805 4803680

AUTHORIZATION :

Spuddelema

COST LIMIT : \$ 125.00

ORDER DATE : January 6, 2016

ORDER TIME : 2:41 PM

ORDER NO. : 944805-005

CUSTOMER NO: 4803680

DOMESTIC FILING

NAME: MEADOW SPRING FARM, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR A FLORIDA LIMITED LIABILITY COMPANY**

MEADOW SPRING FARM, LLC

ARTICLE I

The name of the Limited Liability Company is:

MEADOW SPRING FARM, LLC

ARTICLE II

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

2568 Escada Drive
Naples, FL 34109

The mailing address of the Limited Liability Company is:

2568 Escada Drive
Naples, FL 34109

ARTICLE III

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

Robert G. Previdi
2568 Escada Drive
Naples, FL 34109

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company is:

Robert G. Previdi
Title: AMBR (Authorized Member)
2568 Escada Drive
Naples, FL 34109

ARTICLE V

Effective date is the date of filing with the State of Florida, Department of State.

FILED
OFFICE OF THE
CLERK OF THE
COURT
JAN 6 2017

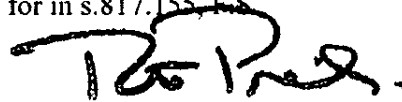
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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.



Robert G. Previdi
Registered Agent

This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. 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.



Robert G. Previdi
Authorized Member

Dated: January ____, 2016

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