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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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16 JAN -6 PH 3-46

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COVER LETTER

	egistration Section vision of Corporations	
SUBJECT	The Long Grey Line Farm LLC	
SUBJECT	Name of L	imited Liability Company
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.
Please retur	rn all correspondence concerning this	natter to the following:
	Milton L. Aitken	
		Name of Person
	The Long Grey Line Farm LLC	
		Firm/Company
	282 SW Mayflower Glen	
		Address
	Fort White, FL 32038	
	milt@longgreylinefarm.com	City/State and Zip Code
•	E-mail address: (to be us	ed for future annual report notification)
For further in	nformation concerning this matter, ple	ase call:
	Milton L. Aitken	386 758-2361
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
7 \$125.00 Fi	iling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

6 JAN -6 PH 3.1

EFFECTIVE DATE OI OI ILE ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

16 JAN -6 PH 3. 46

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Long Grey Line Farm LLC

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

APTICI F II - Address

<u>Prin</u>	cipal Office Address:		Mailing Address:
282 SW Mayflow	ver Glen	<u>282 SV</u>	V Mavflower Glen
Fort White, FL 3	2038	Fort W	hite, FL 32038
·	an active Florida registratio	n.)	u must designate an individual or
·	an active Florida registratio	n.)	n must designate an marviatan o
·	an active Florida registratio	n.)	
·	an active Florida registratio	n.) agent are: Name	nust designate all individual of
·	an active Florida registratio eet address of the registered Milton L. Aitken 282 SW Mavflower G	n.) agent are: Name	
unother business entity with	an active Florida registratio eet address of the registered Milton L. Aitken 282 SW Mavflower G	n.) agent are: Name Sten	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Milton L. Aitken	
	282 SWMavflower Glen	
	Fort White, FL 32038	
AMBR	Martha U. Aitken	
	282 SW Mavflower Glen	
	Fort White, FL 32038	
***************************************		 _
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(Use attachment if necessary)		
ment's effective date on the Department of LE VI: Other provisions, if any.		
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