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(Requ	estor's Name)	
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02-15-18

COVER LETTER

TO:	Registration Section Division of Corporations		•	
SUBJE	SLOSS FAMILY FARM, LLC		, *	
SUBJE		mited Liability	Company	
The end	closed Articles of Organization and fee(s) a	re submitted f	or filing.	
Please r	return all correspondence concerning this m	natter to the fo	lowing:	
	BRIAN SLOSS			
		Name of P	erson	
		Firm/Com	nanv	· · · · · · · · · · · · · · · · · · ·
	7155 41st Street	T ITTIS CON	pany	
		Addres	s	
	Vero Beach, Florida 32967			
	briansloss@yahoo.com	City/State and	Zip Code	
	E-mail address: (to be used	d for future an	nual report notificatio	n)
For furthe	er information concerning this matter, pleas	se call:		
	Brian Sloss	843	743-3807	
	Name of Person A	Area Code	Daytime Telephone	Number
Enclose	ed is a check for the following amount:			
\$125.00	00 Filing Fee \$\frac{1}{\sum \text{Certificate of Status}}\$	Certified	Filing Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D C 2	treet Address ew Filing Section ivision of Corporatio lifton Building 661 Executive Center fallahassee, FL 32301	

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi					
	LY FARM, LLC I with the words "Limite	d Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limited L	iability Company is:		
Princi	pal Office Address:		Mailing Address:		
7155 41st Street		7155	41st Street		
Vero Beach, Florid	a 32967		Beach, Florida 32967	3 5	
(The Limited Liability Compan another business entity with an The name and the Florida stree	active Florida registrati	on.)		PH IN 50	Tierral I
		Name		<i>></i>	
	7155 41st Street				
	Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)		
	Vero Beach	Florida	32967		
	City	State	Zip		
Having been named as registerea place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the app provisions of all statutes r	ointment as registered elating to the proper a	agent and agree to act in this nd complete performance of i	s capacity. I my duties, and I	
		<i></i>	- (BEOLUBED)		
	- Kegis	tered Agent's Signatur	e (REQUIRED)		
		(CONTINUED)			
		Page 1 of 2			

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	BRIAN SLOSS
	7155 41st Street
	Vero Beach, Florida 32967
	-
	787.
	Salah Sa
	<u> </u>
	And the second s
TT	· · · · · · · · · · · · · · · · · · ·
ctive date is listed, the date must be spec f filing.)	f filing: (OPTIONAL) (OPTIONAL) ific and cannot be more than five business days prior to or 90 days
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E V: Effective date, if other than the date of ctive date is listed, the date must be spec f filing.) the date inserted in this block does not menent's effective date on the Department of E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem This document is executed 1 am aware that any false in	f filing: (OPTIONAL) (OP
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EV: Effective date, if other than the date of ctive date is listed, the date must be spec f filing.) the date inserted in this block does not menent's effective date on the Department of EVI: Other provisions, if any. Signature of a mem This document is executed 1 am aware that any false is constitutes a third degree for the date of the da	filing: (OPTIONAL) 7 ific and cannot be more than five business days prior to or 90 detect the applicable statutory filing requirements, this date will not be State's records. State's records. There or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State

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