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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

10:	Division of Corporations			
SUBJE	3D Land & Farms - Berry Di	vision, LLC		
SUDJE	Nam	ne of Limited Liabi	lity Company	
The end	closed Articles of Organization and	fee(s) are submitte	d for filing.	
Please r	return all correspondence concerning	g this matter to the	following:	
	Mark Hodge			
		Name o	f Person	
	3D Land & Farms - Berry Divi	sion, LLC		
		Firm/C	ompany	
	20604 SW 30th Ave			
		Add	ress	
	Newberry, FL 32669			
	3DHodgeFarms@gmail.com	City/State a	nd Zip Code	
	E-mail address: (to	be used for future	annual report notification)	
For furth	er information concerning this matte	er, please call:		
	Mark Hodge	352 at (443 - 0258	
	Name of Person		Daytime Telephone Number	
Enclose	d is a check for the following amou	nt:		
\$125.0	0 Filing Fee \$130.00 Filing F Certificate of St	atus ——Certif	\$160.00 Filing Fee, Gertificate of Status & Certified Copy (additional copy is enclosed)	ed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3D Land & Farms - Berry Division, LLC

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

STAR PARTY STAR

ARTICLE II - Address:

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

Mailing Address:
20604 SW 30th Ave
Newberry, FL 32669

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:

David Mark Hodge		
	Name	
20604 SW 30th Ave		
Florida street addres	ss (P.O. Box NOT acc	eptable)
Newberry	Florida	32669
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..

Page 1 of 2

(CONTINUED)

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	David Made Hadaa
MGR	David Mark Hodge 20604 SW 30th Ave
	Newberry, FL 32669
MGR	Crystal Hodge
	20604 SW 30th Ave
	Newberry, FL 32669
	Newberry, FL 32009
	
(Use attachment if necessary) EV: Effective date, if other than the date.	te of filing: (OPTIONAL)
LE V: Effective date, if other than the dat fective date is listed, the date must be s of filing.)	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not iment's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date tective date is listed, the date must be so of filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be to of State's records.
LE V: Effective date, if other than the date ective date is listed, the date must be so of filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a filtred that any fall is document is exect I am aware that any fall.	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-