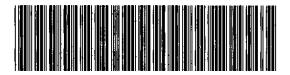
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SECREDARY OF STATE

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COVER LETTER

	gistration Section vision of Corporations		
CUDIECT.	Wholly Cow Farm and Feed L.L.C.		
SUBJECT:	Name of Limited Liability Company		
The enclosed	d Articles of Organization and fee(s) are submitted for filing.		
Please return	all correspondence concerning this matter to the following:		
	Joey Truett Brady		
-	Name of Person		
,	Wholly Cow Farm and Feed L.L.C.		
=	Firm/Company		
:	26164 NE CR 69-A		
_	Address		
	Altha, FL 32421	16	5
jo	City/State and Zip Code peytbrady@gmail.com	哥哥	
<u> </u>	E-mail address: (to be used for future annual report notification)		,
For further inf	formation concerning this matter, please call:	15:	115
j	oey T. Brady 850 348-6670	3: 5 3	
_	Name of Person Area Code Daytime Telephone Number		حز
	a check for the following amount:		
]\$125.00 Fili	ng Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)	
	Mailing Address Street Address		

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Wholly Cow Farm : (Must end	and reed L.L.C. I with the words "Limited Lie	ability Company	"L.L.C." or "LLC.")
(111000 0110	. Will the Words Edinica is	company	, 13.15.0., 01 13.150.)
ARTICLE II - Address:	11 64 11 69	ed 11 % 1	L'EPP. O
The mailing address and street	address of the principal offic	e of the Limited	Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
26164 NE CR 69-A	.	26164 NE CR69-A	
Altha, FL 32421		Alth	a, FL 32421
The Limited Liability Compan	y cannot serve as its own Re		nt's Signature: You must designate an individual or
The Limited Liability Compan another business entity with an	y cannot serve as its own Re active Florida registration.) t address of the registered ag	gistered Agent. Y	
The Limited Liability Compan mother business entity with an	y cannot serve as its own Re active Florida registration.) t address of the registered ag Joey Truett Brady	gistered Agent. Y	
(The Limited Liability Compan another business entity with an	y cannot serve as its own Re active Florida registration.) t address of the registered ag Joey Truett Brady	gistered Agent. Y	
(The Limited Liability Compan another business entity with an	y cannot serve as its own Re active Florida registration.) t address of the registered ag Joey Truett Brady	gistered Agent. Y	
(The Limited Liability Compan another business entity with an	y cannot serve as its own Re active Florida registration.) t address of the registered ag Joey Truett Brady	gistered Agent. Y ent are: ame	You must designate an individual o
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own Re active Florida registration.) t address of the registered ag Joey Truett Brady N 26164 NE CR 69-A	gistered Agent. Y ent are: ame	You must designate an individual o

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)

Page 1 of 2

16 5PP - 7 PN 9:53

TYPE STATE STATE

"MGR" = Manager MGR Joey Truett Brady 26164 NE CR 69-A Altha, FL 32421 AMBR Harriet Revell Brady 26164 NE CR 69-A Altha, FL 32421 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: April 10, 2016 ffective date is listed, the date must be specific and cannot be more than five business de of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements attended and the Department of State's records. CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a This document is executed in accordance with section 605.0203 (1) (b) I am aware that any false information submitted in a document to the Deconstitutes a third degree felony as provided for in s.817.155, F.S.		
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