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(Cit	ty/State/Zip/Phone	e #)
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16 MAY 13 PH 12: 02
SECRETARY OF STATE TALLAHASSEE FLORIDA



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	Longleaf Holdings of North Florid	da	
SOBJEC		Limited Liabili	ty Company
The encl	osed Articles of Organization and fee(s) are submitted	for filing.
Please re	eturn all correspondence concerning this	s matter to the fo	ollowing:
	F. Ashley May		
		Name of	Person
		Firm/Cor	npany
	178 May Nursery Rd.		
		Addre	SS
	Havana, FL 32333		
	ashley@maynursery.com	City/State and	l Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For further	r information concerning this matter, ple	ease call:	
	F. Ashley May	850	539-6495
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	L-Certifie	Specificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	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 Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Mı	ust end with the words "Lim	nited Liability Company	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and	street address of the princip	al office of the Limited	Liability Company is:		
<u> </u>	Principal Office Address:		Mailing Address:		
178 May Nur	sery Rd.	178	May Nursery Rd.		
Havana, FL 3	32333		rana, FL 32333		
				····	
	red Agent, Registered Off ompany cannot serve as its o		nt's Signature: You must designate an individual	or	
		omit stegistered regent.			
another business entity w	ith an active Florida registr	ration.)	-		
•	oth an active Florida registi i street address of the regist	,	, and the second		
•	street address of the regist	,	J	16 TALI	e e u
•	J	,		1 6 HAY SECACI TALLAH	10 10 10 10 10 10 10 10 10 10 10 10 10 1
•	street address of the regist F. Ashley May	ered agent are: Name		16 TALI	92.79 mg Si Liu + Liu Julius 381 €
•	F. Ashley May 178 May Nursery	ered agent are: Name		16 HAY 13 SECACIARY TALLAHASSE	Market Services
•	F. Ashley May 178 May Nursery	ered agent are: Name		16 NAY 13 PH SECACIARY OF TALLAHASSEE F	The second secon
•	F. Ashley May 178 May Nursery Florida street add	Name Rd. Ress (P.O. Box NOT a	cceptable)	16 NAY 13 PH SECACIARY OF TALLAHASSEE F	Fig. 1. Sec. 1
The name and the Florida	F. Ashley May 178 May Nursery Florida street add Havana City	Name / Rd. dress (P.O. Box NOT a FL State	cceptable)	16 MAY 13 PM 12: 02 SECACIENT OF STATE TALLAHASSEE FLORIDA	The second

(CONTINUED)

Page 1 of 2

	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	B	
MGR	F. Ashley May	
	1341 Woodward Rd.	
	Quincy, FL 32352	
AMBR	Richard S. May	
	331 North Monroe	
	Quincy, FL 32351	
AMBR	John B. May Jr.	
	1822 Sherwood Dr.	
	Tallahassee, FL 32303	
AMBR	Joel F. May	
	681 Forest Lair	
	Tallahassee, FL 32312	
(Use attachment if necessary)		
	e of filing: 5/12/2016 (OPTIONAL) pecific and cannot be more than five business days prior to or 90	days aft
date of filing.) e: If the date inserted in this block does not a document's effective date on the Department	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not	-
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REQUIRED SIGNATURE: Signature of a ma This document is execut I am aware that any false constitutes a third degre	meet the applicable statutory filing requirements, this date will not of State's records. Perper or an authorized representative of a member.	be liste

Page 2 of 2

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