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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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05/17/16--01015--030 **160.00

EFFECTIVE DATE 05/12/16

05/24/16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Big Wedd Barn LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEON KEMPTER Name of Person
The Big Wedd BANN
Firm/Company
13145 CENTRE StrEET
SAINT Cloud, Florida 34773
KEM PER IM DEON @AO 1. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DEON KEMPTER at 407 908-8342 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$ \$130.00 Filing Fee & Certificate of Status Certified Copy (additional 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

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

The name of the Limited Liability Company is:	
The Big WEDD BAIN L	LC.
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
6254 KEMPTER Rd. SOWY Cloud, Florida	13145 CENTRE St. SAINT Cloud, Florida
34773	34773

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:

ARTICLE I - Name: '

DEON KE	mpfer	
	Name	
13145 CEN	tre Sto	
Florida street address ([acceptable)
SAINT Cloud	Flo	34773
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..

Registered Agent's Signature (REOUIRED

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
'MGR'	DEON KEMPTER	
	13145 CENTE ST.	
	34NIL1000 Flo 34773	
(Use attachment if necessary)		
	date of filing: May 12, 2016 (OPTIONAL)	
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ARTICLE IV-