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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE USION OF CORPORATIONS

2 09/29/16

COVER LETTER

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\$ TO: Registration Section Division of Corporations					
	2 2 0 0	/			
SUBJE	JECT: Bumpy ROAD FARM . Name of Limited Liability	Company			
	, Name of Emilied Elasinty	Company			
The en	enclosed Articles of Organization and fee(s) are submitted for	r filing.			
Please	se return all correspondence concerning this matter to the foll	owing:			
	RICHMOND E. POUNCEY,	rson			
	Bumpy ROAD FARM L. L. Firm/Comp	<u>'. C</u>			
	192 DEER RIDGE TRA	914			
	TAUAHASSEE, FL 323	/2			
	woods runner 38@ yahoo.co	om			
	E-mail address: (to be used for future ann	ual report notification)			
For furth	rther information concerning this matter, please call:				
	RICH POUNCEY at (850) Name of Person Area Code	491-1405 Daytime Telephone Number			
Enclos	osed is a check for the following amount:				
	5.00 Filing Fee \$\frac{\$130.00}{\text{Filing Fee & Certificate of Status}}\$	Filing Fee & \$160.00 Filing Fee, Copy Copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address St	reet Address			
	New Filing Section No	ew Filing Section			
		vision of Corporations			
		ifton Building 61 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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Αŀ	(IC.I	L L	-	Na	me

The name of the Limited Liability Company is:

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 Limited Liability Company is:

Principal Office Address:

Mailing Address:

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:

RICHMOND E. POUNCEY, THE

Name

192 DEER RIDGE TRAIL

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE, FC 32312
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..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	RICHMOND E. POUNCEY, III 192 DEER RIDGE TRAIL TAMAHASSEE, FL 32312
AMBR	MARIA ISABEL POUNCEY 192 DEER RIDGE TRAIL TALLAHASSEE, FZ. 32312
AMBR	CARLOS ESQUIVEZ POUNCEY 7/35 NORTH EXPRESSIVAY 77/83 OLMITO, TEXAS
(Use attachment if necessary)	
ffective date is listed, the date must e of filing.)	the date of filing: DATE OF FILING (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed than the first of State's records.

REOUIRED SIGNATURE:

ARTICLE IV-

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

RICHMOND E. POUNCEY, III.

Typed or printed name of signce

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)

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