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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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10/13/16

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	KAR Farms, LLC.					
SOBOLE	Name of Limited Liability Company					
The enclo	osed Articles of Organization and fe	ee(s) are submitted	for filing.			
Please ret	urn all correspondence concerning	this matter to the	following:			
	Steven Kocher					
		Name of	Person			
		Firm/Co	ompany			
	3132 Papadelis Court					
		Addı	ress			
	Oxford, MI 48371					
	stevekocher@msn.com	City/State ar	nd Zip Code			
		e used for future	annual report notification)			
For further	information concerning this matter	, please call:				
	Steven Kocher	248 at (891-7085			
	Name of Person	Area Code	Daytime Telephone Number			
Enclosed	is a check for the following amount	t:				
\$125.00 I	_	ee & \$155.0	\$160.00 Filing Fee & Sectificate of Certificate Copy (additional copy)	Status &		
	Mailing Address		Street Address			
	New Filing Section Division of Corporations		New Filing Section Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KAR Farms, LLC.				
(Must end	with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal o	ffice of the Limited	Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
5516 SW Savage Str	eet	5516	SW Savage Street	
Palm City, FL 34990		Palm	Palm City, FL 34990	
	ent, Registered Office,	Registered Agent.		
The Limited Liability Company another business entity with an a	ent, Registered Office, y cannot serve as its own active Florida registration	Registered Agent. \on.)	nt's Signature: You must designate an individual o	
The Limited Liability Company	ent, Registered Office, cannot serve as its own active Florida registration address of the registered	Registered Agent. \on.)		
The Limited Liability Company another business entity with an a	ent, Registered Office, y cannot serve as its own active Florida registration	Registered Agent. \on.)		
The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registered	Registered Agent. Von.) d agent are: Name		
The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registered Steven Kocher	Registered Agent. Yon.) d agent are: Name	You must designate an individual of	
The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registered Steven Kocher 5516 SW Savage Str	Registered Agent. Yon.) d agent are: Name	You must designate an individual	

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 (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Katrina Rosler 5516 SW Savage Street Palm City, FL 34990
AMBR	Steven Kocher 3132 Papadelis Court Oxford, MI 48371
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the dat an effective date is listed, the date must be spe date of filing.) ote: If the date inserted in this block does not a document's effective date on the Department.	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a t of State's records.
RTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE: ;	

I his 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.

Steven Kocher

Typed or printed name of signee

Filing Fees:

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

\$ 5.00 Certified Copy (Optional)