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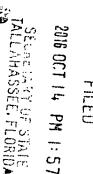
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OCT 1 7 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WILLIAM ROGERS Irrigation 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:
WILLIAM ROGERS Name of Person
WILLIAM ROGERS IVIIgation LLC Firm/Company
P.O. BOX 654
Audi 633
Bushnell, Florida 33513 City/State and Zip Code BiLLthe Sprinklerman @ hotmail.com
BILL the Sprinklerman Q, hotmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WILLIAM ROGERS at 352 H46-1059 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

FILED

The name of the Limited Liability Company is:				2016 OCT 14	PM 1:57
(Must end with the words "Limited Lie	JVVI ability Compa	jation any, "L.L.C.," o	TLLC.")	SEUNETARY TALLAHASSEI	UF STATE E. FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office				74	
Principal Office Address:		<u>M</u>	<u> Iailing Addre</u>	<u>ss</u> :	
324E, C-48 Bushably FL 33513 ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)	gistered Age	gent's Signatu	 re:	vidual or	
The name and the Florida street address of the registered ag	ent are:				
WILCIAN	N ROC	ERS			
324E, C-48 Florida street address (P	.O. Box <u>NO</u>	[acceptable)			
Bushnell	FL	33	513		
City		Zip			
Having been named as registered agent and to accept service of	of process for	the above stated	d limited liabili	ity 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..

Hilliam Rogers

(CONTINUED)

Page 1 of 2

ARTICLE IV-	FILED
The name and address of each person aut	thorized to manage and control the Limited Liability Company:
<u>Title:</u>	Name and Address
"AMBR" = Authorized Member "MGR" = Manager	SEUNE ARY OF ST TALLAHASSEE, FLO
AMBR	WILLIAM ROGERS ST
	324E, C-48 P.O BOX 654 Bushnell, FL 33513
- · · · · · · · · · · · · · · · · · · ·	
	·
	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days at
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)	ecific and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be liste
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