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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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EFFECTIVE DATE 01/01/17

10/25/16

COVER LETTER

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		Registration Section Division of Corporations
ŝ		Flagler Irrigation
	SUBJEC	Т:
		Name of Limited Liability Company
	The enclo	osed Articles of Organization and fee(s) are submitted for filing.
	Please ret	turn all correspondence concerning this matter to the following:
		Bradley S Ashley
		Name of Person
		Flagler Irrigation
		Firm/Company
		638 Brush Foot Drive
		Address
		Sebastian FL 32958
		City/State and Zip Code flaglerirrigation@GMail.com
		E-mail address: (to be used for future annual report notification)
]	For further	information concerning this matter, please call:
		Brad Ashley 772 473-0097
		Name of Person Area Code Daytime Telephone Number
	Enclosed	is a check for the following amount:
		Filing Fee \$\ \\$130.00 \text{ Filing Fee & }\ \\$155.00 \text{ Filing Fee & }\ \\$160.00 \text{ Filing Fee.}
		Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		Mailing Address New Filing Section New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Name: the Limited Liability	Company is:			
F	lagler Irrigation, LLC				
_	(Must end wi	th the words "Limited	1 Liability Cor	mpany, "L.L.C.," or "LLC.")	
ARTICLE I		ress of the principal of	office of the Li	mited Liability Company is:	
	<u>Principal</u>	Office Address:		Mailing Ac	<u>idress</u> :
E	Bradley S Ashley			638 Brush Foot Drive, Sel	oastian FL 32958
another busi	I Liability Company can iness entity with an act and the Florida street ad	ive Florida registration	on.)	gent. You must designate an	individual or
		Bradley S Ashley	0		
			Name		
		638 Brush Foot Driv	'e		
		Florida street addres	s (P.O. Box N	OT acceptable)	
		Sebastian	FL	32958	
		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 (REQUIRED)

(CONTINUED)

Page 1 of 2

(Use attachment if necessary) E.V: Effective date, if other than the date of filing: TANARY 5T 2017 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day filing.) it he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any. REOUIRED SIGNATURE: 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 at hird degree felony as provided for in s.817.155, F.S. Bradley S Ashley Typed or printed name of signee Filling Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title: "AMBR" = Authorized	l Member	Name and Address:	
(Use attachment if necessary) E.V.: Effective date, if other than the date of filing: January ST 2017 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.V.I.: Other provisions, if any. REOURED SIGNATURE: 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. Bradley S Ashley Typed or printed name of signee Filling Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"MGR" = Manager Bradley S Ashley	-		tian, F] <i>329</i>
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ARTICLE IV-