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### **COVER LETTER**

SUBJECT	NANCY'S COWS LLC
300,1201	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Jerry D. Dixon
	Name of Person
	NANCY'S COWS LLC
	Firm/Company
	5030 Verna Bethany Rd,
	Address
	Myakka City, Florida 34251
	City/State and Zip Code
	jdixon1039@aol.com
	E-mail address: (to be used for future annual report notification)
or further i	nformation concerning this matter, please call:
	Jerry Dixon 941 962-9755
	Name of Person Area Code Davtime Telephone Number
	· · · · · · · · · · · · · · · · · · ·
Enclosed i	s a check for the following amount:
<b>]\$</b> 125.00 F	siling Fee \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}\$\int\\$S155.00 \text{ Filing Fee & Certificate of Status}\$\int\\$Certified Copy (additional copy is enclosed)\$\int\\$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

TICLE, 1 - Name:	ility Company in			•	
e name of the Limited Liab	ниу сопрану із.			17 OCT . =	
NIA NICOVICI CICOVII				17 OCT 17	
NANCY'S COWS (Must co	ontain the words "Limited	Liability Company, "L.I	C.," or "LLC.")	TALLAMASSEC	
		, , ,		368 7447 8360	
RTICLE II - Address: e mailing address and stree	t address of the principal of	office of the Limited Liab	oility Company is:		
Ü	cipal Office Address:		Mailing Addr	ecc.	
				<u></u>	
			erna Bethany Rd		
Myakka City, Fl	34251	Myakka City, Fl 34251		<del></del>	
	Jerry Dixon				
e name and the Florida stro	•	<del></del>			
	<u> </u>	Name			
	5030 Verna Bethany	Rd.			
		s (P.O. Box NOT acceptable)			
	Myakka City	Florida	34251		
	City	State	Zip		
ving been named as register ce designated in this certific her agree to comply with the familiar with and accept the	ate, I hereby accept the app e provisions of all statutes r e obligations of my position	pointment as registered ag relating to the proper and as registered agent as pr	gent and agree to act i complete performand covided for in Chapter	in this capacity. I ce of my duties, and I	
	Regis	tered Agent's Signature (	(KEQUIKED)		
		(CONTINUED)			
		(CONTINUED)			

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

<u>Title:</u>		Name and Address:	
"AMBR" = /	Authorized Member		
"MGR" = M	anager		
MGR		Jerry D. Dixon	
		5030 Verna Bethany Rd.	
		Myakka City, Fl. 34251	
AMBR		Nancy Dixon	
		5030 Verna Bethany Rd.	
		Myakka City, Fl. 34251	
(Use attachm	nent if necessary)		
document's effect	ive date on the Department of	eet the applicable statutory filing requirements, this date will not be list of State's records.	ed as
REQUIREL	SIGNATURE:		
	Singston	Charles and an annual state of the state of	
	This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
	Jerry D. Dixon		
	Jerry D. Dixon	Typed or printed name of signee	
	Jerry D. Dixon	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 Certificate of Status (Optional)

17 OCT 17 PM 3: 22