

L11000224709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

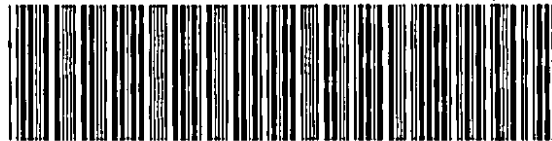
(Business Entity Name)

(Document Number)

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17 OCT 30 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11 10/31/17

**JILL STOLZ**  
5555 Wingspread Lane  
North Garden, VA 22959

October 27, 2017

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Formation of JVS Farm Investments LLC

Dear Registration Section:

Enclosed please find:

- (1) the Articles of Organization for the aforementioned limited liability company and
- (2) a check in the amount of \$125 to cover the filing fees for the such limited liability company.

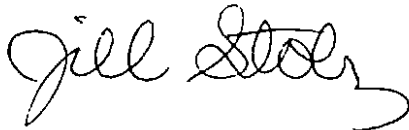
Please return all correspondence concerning this matter to the following:

Jill Stolz  
5555 Wingspread Lane  
North Garden, VA 22959

For further information concerning this matter please call me at 434.977.1448.

Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in cursive script that reads "Jill Stolz". The signature is written in dark ink and is positioned below the typed name "Jill Stolz".

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is:  
JVS FARM INVESTMENTS LLC

**ARTICLE II**

**Address**

The street address of the principal office of the Limited Liability Company is:  
12026 NW HIGHWAY 464BP  
OCALA, FL 34482

The mailing address of the Limited Liability Company is:  
12026 NW HIGHWAY 464B  
OCALA, FL 34482

**ARTICLE III**

**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:  
JILL V. STOLZ  
12026 NW HIGHWAY 464B  
OCALA, FL 34482

*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 608, F.S..*

Registered Agent's Signature: \_\_\_\_\_

*Jill Stolz*

17 OCT 30 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV**  
**Manager(s) or Managing Member(s):**

The name and address of the Manager is as follows:

JILL V. STOLZ  
12026 NW HIGHWAY 464B  
OCALA, FL 34482

**REQUIRED SIGNATURE:**

Jill V. Stolz

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jill V Stolz

Typed or printed name of signee

17 OCT 30 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA