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COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	BAR W CATTLE LLC		
NUBJEC		Limited Liabili	ty Company
The enclo	sed Articles of Organization and fee(s) are submitted	for filing.
Please ret	urn all correspondence concerning this	matter to the f	ollowing:
	RYAN S. WALKER		
		Name of	Person
		Firm/Cor	mpany
	2594 NE JEFF WALKER RD		
		Addro	ess
	MAYO, FL 32066		
	RWALKER8361@GMAIL.COM	City/State and	! Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For further	information concerning this matter, pl	ease call:	
	Ryan S. Walker	386	590.7633
	Name of Person		Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00 I	Filing Fee S130.00 Filing Fee & Certificate of Status	└─¹Certific	0 Filing Fee & S160.00 Filing Fee. cd Copy cl copy is enclosed) Certificate of Status & 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

ARTICLE 1 - Name:

BAR W CATTLE L					ູາ	
(Must con	ntain the words "Limited Li	iability Company,	"L.L.C.," or "LLC.")	-		:
ARTICLE II - Address: The mailing address and street	address of the principal off	fice of the Limited	Liability Company is:	•	:	-
Princi	pal Office Address:		Mailing Address:			-1
2594 NE JEFF WAI MAYO, FL 32066			NE JEFF WALKER RD TO, FL 32066			
MATO, 16 52000			0,15 25000			
ADTICLE III Donictored A	ant Danistanad Office &	- Davistared Supp				
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own F active Florida registration	Registered Agent, \ .)	it's Signature: 'ou must designate an individua	SECE TALLA	2017 NC	
(The Limited Liability Compan another business entity with an	y cannot serve as its own F active Florida registration t address of the registered a RYAN S. WALKER	Registered Agent, \ .) ngent are:		SECE TALLA	2017 NOV 1	<u>-11</u>
(The Limited Liability Compan another business entity with an	y cannot serve as its own F active Florida registration t address of the registered a RYAN S. WALKER	Registered Agent, \ .)		SECRETARY TALLAHASSE	2017 NOV 16	_
(The Limited Liability Compan another business entity with an	y cannot serve as its own F active Florida registration t address of the registered a RYAN S. WALKER	Registered Agent. V .) ngent are: Name		SECRETARY OF	6	E
(The Limited Liability Compan another business entity with an	y cannot serve as its own F active Florida registration t address of the registered a RYAN S. WALKER	Registered Agent, Y) Ingent are: Name ER RD	ou must designate an individua	SECRETARY OF	16 AM	E
(The Limited Liability Compan another business entity with an	y cannot serve as its own F active Florida registration t address of the registered a RYAN S. WALKER 2594 NE JEFF WALK	Registered Agent, Y) Ingent are: Name ER RD	ou must designate an individua	SECRETARY TALLAHASSE	6	FILED

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)

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

	<u>Title:</u> "AMBR" = Authorized Mo	Name and Address:	
	"MGR" = Manager MGR	RYAN S. WALKER 2594 NE JEFF WALKER RD MAYO, FL 32066	
	AMBR	MIRANDA JOY WALKER 2594 NE JEFF WALKER RD MAYO, FL 32066	<u>.</u>
			٠.
		TALLA SECRI	ONT NOV 16
	(Use attachment if necessar	ry)	FILE
aute.	it the date discrete in this or	r than the date of filing: 11/06/2017 (OPTIONAL) te must be specific and cannot be more than five business days prior to or whys a cock does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	
ARTIC	LE VI: Other provisions, if a	ny.	
	REQUIRED SIGNATUR	ature 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.

RYAN S. WALKER

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)