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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Southern Fields Brewing 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:
Joe McMullian Name of Person
Southern Fields Brewing Firm/Company
P.O. Box 184
· · · · · · · · · · · · · · · · · · ·
Campbell ton, F1 32426 City/State and Zip Code Joe @ Southern Gelds brewing, com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, 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: The name of the Limited Liability Company is:		
Southern Fields Brewing, LLC. (Must contain the words "Limited Liability Company, "L.L.Q.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
2300 Huy 2 P.O.Box 184 Campbell ton Fl 32424 Campbellton, Fl	32426	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individant another business entity with an active Florida registration.)		HSIAR 03S
The name and the Florida street address of the registered agent are:	EB 2	
Deborah Mc Mullian Name	2	80
	± = 1	- 중약 - 육요
2764 Teton Trail	PH 12: 24	F STATE
Florida street address (P.O. Box NOT acceptable)	£	0
Tallahassee Fl 32303		

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..

State

City

Deborah Mc Musican
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR	Brian Walker 2295 Bridge Creek Road Marianna Bl 32448		
AMBR	Joe Mc Mullian 1941 Shady Oaks Road Tallahossee F1 32303		
-			
			
(Use attachment if necessary)			
he date of filing.)	applicable statutory filing requirements, this date will not be listed as		
ARTICLE VI: Other provisions, if any. 700 04her 0001516	20/15		
REQUIRED SIGNATURE:	Your And		
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.			
Toe Monullian Typed or printed name of signee			

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

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)