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2020 JUN 1**7** PK 4

COVER LETTER

FILED TO: New Filing Section **Division of Corporations** 2020 JUH 17 PH 4: 58 Henderson Farms Eggs, LLC
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: Kandi Henderson Name of Person Henderson Farms Eggs, LLC E430 Beulah Road
Address Pensaccia, FL 32526
City/State and Zip Code henders en farms eggs & yahre com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Randi Henderson at (850) 426 - 8595

Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: **130.00** Filing Fee & □\$160.00 Filing Fee, □\$155.00 Filing Fee & □\$125.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				FILED	
	nderson Farms ain the words "Limited	Eggs LLC	·	2020 JUNIT	PM 4:58
(Must cont	ain the words "Limited	Liability Compa	iny, "L.L.C.," or "LLC	.") 	
ARTICLE II - Address: The mailing address and street ad					
Principal Office Address:			Mailing Address:		
2430 F Pensanoin	Beulah Road FL 325ab		2430 Beulo Penscicia, Fu	h Road . 325.26	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration address of the registered	Registered Ago m.) Lagent are:			-
	8430 Beu	Jah Rad	 .		
	Florida street addres	s (P.O. Box <u>NO</u>	${f T}$ acceptable)		
	Pensacola	FL	<u> ვმ</u> ნდ <u>ს</u> Zip		
	City	State	Zip		
Having been named as registered of place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the approvisions of all statutes religations of my position	ointment as regi Plating to the pro as registered ag	stered agent and agree oper and complete perf ent as provided for in C	to act in this cap ormance of my di Chapter 605, F.S.,	acity. 1
	Regist	cred Agent's Sig	gnature (REQUIRED)		
	•				

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
<u>ugr</u>	Randi Henderson 2430 Bridgh Road			
	Persaccia, FL 32526			
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the	date of filing:			
(If an effective date is listed, the date must b the date of filing.)	e specific and cannot be more than five business days prior to or 90 days after			
<u>Note:</u> If the date inserted in this block does in the document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.			
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:				
SKINATOKI.	3/20-			
Signature of a	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.			
constitutes a third de	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.			
- Ro	Adi Henderson Typed or printed name of signce			
	Typed of 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)