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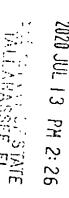
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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TO: New Filing Section Division of Corporations
SUBJECT: Ar Duckle Cattle 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:
Bryan H. Belcher Name of Person
·
Arbuckle Cattle LLC
Firm/Company
1240 Katcalani Ave
Address
Sebrina Florida 33870
Sebring Florida 33870 Delcher_bryan at comcast. net 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:
Bryan at 863, 443-0764 Name of Person Area Code Daytime Telephone Number
The Code Dayline Perplant Challer
Enclosed is a check for the following amount:
☐\$125.00 Filing Fee ← ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee. Certificate of Status ← Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street Address New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee P.O. Burn G.O.T. 2015. St. Manron Street Sair, 210
Division of Corporations The Centre of Tallahassee Fig. 2415 N. Monroe Street, Suite 810 225

Tallahassee, FL 32314

Street Address	
New Filing Section Div	
The Centre of Tallahasi	
2415 N. Monroe Street.	
Tallahassee, FL 32303	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Arbuckle Cattle LLC
(Must contain the words "Limited Liability Company, "L.L.C.," 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:
1240 tatcalani Ave	1240 Katralani Ave
Sebring Fl 33870	Sebring Fl 33870

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 individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Bryan H. Belcher

Name

1240 katcalani Ave

Florida street address (P.O. Box NOT acceptable)

Schring Fl 33870

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 jurther 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 myposition as registered agent as proyeded for in Chapter 605. F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 JUL 13 PH 2: 26

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MER	Bryan H. Belcher 1240 kg/cg/ghi Ave Sebring F/ 33.870
	
(Use attachment if necessary)	
the date of filing.) Note: If the date inserted in this block does the document's effective date on the Departn ARTICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be listent of State's records.
	3
REQUIRED SIGNATURE:	wt. Blilo
This document is ex f am aware that any constitutes a third de	member or an authorized representative of a member. decuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.\$17.155, F.S. GAI Typed or printed name of signee
	Typed or printed name of signee
4,	Filing Fees: COrganization and Designation of Registered Agent obtional)
\$ 30.00 Certified Copy (Option: \$ 5.00 Certificate of Status (Op-	it) ptional)