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COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	HAMRICK FARMS, LLC		
NO DJEC.	Name of Li	mited Liability Company	·
The encle	osed Articles of Organization and fee(s) a	e submitted for filing.	
Please re	turn all correspondence concerning this in	atter to the following:	
	WILLIAM H HAMRICK, SR		
		Name of Person	
	97.3	Firm/Company	
	1983 E US HWY 90		
		Address	
	MADISON, FL 32340		
	(City/State and Zip Code	
	bvthamrick@yahoo.com		
	E-mail address: (to be used	for future annual report notification	on)
For further	information concerning this matter, pleas	e call:	
	,	973-4676	
		rea Code Daytime Telephone	Number
Enclosed	is a check for the following amount:		
□\$125.0	00 Filing Fee \$\Bigcup \square \text{\$130.00 Filing Fee & Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	1
	New Filing Section Division of Corporations	New Filing Section Div The Centre of Tallahas	/ision ~
	P.O. Box 6327	2415 N. Monroe Street	
Tallahassee, FL 32314		Tallahassee, FL 32303	· · · · · · · · · · · · · · · · · · ·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HAMRICK FARMS	, LLC		
(Must cont	ain the words "Limited Liab	ility Company,	"L.L.C.," or "LLC.")
TICLE II - Address: e mailing address and street a	ddress of the principal office	of the Limited	Liability Company is:
Princip	al Office Address:		Mailing Address:
1983 E US HWY 90		1983	E US HWY 90
1 103 17 03 11 11 70			
MADISON, FL 323 CTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & Recannot serve as its own Registive Florida registration.)	MAI	DISON, FL 32340
MADISON, FL 323 ETICLE III - Registered Age to Limited Liability Company	ent, Registered Office, & Recannot serve as its own Registration.) address of the registered age	egistered Ager isstered Agent. V	DISON, FL 32340
MADISON, FL 323 CTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & Recannot serve as its own Registration.) address of the registered age	egistered Ager isstered Agent. V	DISON, FL 32340
MADISON, FL 323 CTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & Recannot serve as its own Registration.) address of the registered age	MAI Legistered Ager Listered Agent. Yent are:	DISON, FL 32340
MADISON, FL 323 CTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & Recannot serve as its own Registerive Florida registration.) address of the registered age WILLIAM H HAMRICK	egistered Ager sistered Agent. Vent are:	DISON, FL 32340 It's Signature: You must designate an individual
MADISON, FL 323 CTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & Recannot serve as its own Registered Florida registration.) address of the registered age WILLIAM H HAMRICK Na	egistered Ager sistered Agent. Vent are:	DISON, FL 32340 It's Signature: You must designate an individual

Н C p 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.,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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		
AMBR	WILLIAM H HAMRICK, SR 1983 F. US HWY 90	
	MADISON, FL 32340	
MGR	WILLIAM H HAMRICK, SR	
	1983 E US HWY 90 MADISON, FL 32340	
		 _
	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)		
the document's effective date on the Depart ARTICLE VI: Other provisions, if any.	ment of State's records.	
REQUIRED SIGNATURE:		
(1) .02.	= 12 12 -D 5R	
Signature of	f a member or an authorized representative of a member.	,
I am aware that an	executed in accordance with section 605.0203 (1) (b), Florida y false information submitted in a document to the Departmen degree felony as provided for in s.817.155, F.S.	Statutes. It of State
		A3 %
WILLIAM	H HAMRICK, SR Typed or printed name of signee	21
	Typed of printed hame of signed	3 S
C125 00 1700	Filing Fees:	T 357
\$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Option	of Organization and Designation of Registered Agent	52
\$ 5.00 Certificate of Status (O		P (240)
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