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(Address)

(City/State/Zip/Phone #)

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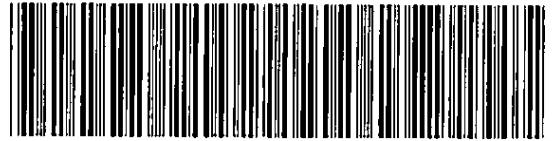
(Business Entity Name)

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ALLAHASSET, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A.D. FARMS, 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:

ATTN:

STACY SMALL

Name of Person

SMITH THOMPSON SHAW

Firm/Company

3520 THOMASVILLE ROAD - 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

a.darden@alive.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Small

850

893-4105

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF ORGANIZATION
OF
A.D. FARMS, LLC**

SECRETARY OF STATE
TALLAHASSEE, FL

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **A.D. FARMS, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business is 3165 Buckhead Trace, Tallahassee, Florida 32311. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is 1646 Highway 179A, Westville, Florida 32464. Such address may be changed from time to time as provided in the Operating Agreement.



6. **REGISTERED AGENT AND OFFICE.**

The initial registered agent in Florida for the Company is: **AMY N. ANDERSON** located at **3165 Buckhead Trace, Tallahassee, Florida 32311.**

7. **MANAGEMENT.**

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

Amy N. Anderson
3165 Buckhead Trace
Tallahassee, Florida 32311

DATED this 3RD day of December, 2021.


AMY N. ANDERSON

ana

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **A.D. FARMS, LLC.**
2. The name of the registered agent and office is: **AMY N. ANDERSON** at 3165 Buckhead Trace, Tallahassee, Florida 32311.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.


AMY N. ANDERSON, Registered Agent

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