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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BELTRANO & ASSOCIATES

Account Number : 120010000166 Phone : (561)799-6577 Fax Number : (561)799-6241

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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# FLORIDA LIMITED LIABILITY CO.

Flying Cow Pasture, LLC

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## ARTICLES OF ORGANIZATION OF FLYING COW PASTURE, LLC

#### ARTICLE I - NAME

The name of the limited liability company is FLYING COW PASTURE, LLC, ("company").

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 440 Sunrise Way Juno Beach, FL 33408

Mailing Address: 440 Sunrise Way Juno Beach, FL 33408

## ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Aldo Beltrano, Esq. 4495 Military Trail, Suite 107 Jupiter, FL 33458

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 dutes and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Aldo Beltrano, Esq., Registered Agent

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### ARTICLE IV - MANAGERS OR MEMBERS

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

<u>Title:</u>

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

From: 5617996241

MGR

Cindy Teeters 440 Sunrise Wav Juno Beach, FL 33408

### ARTICLE V - EFFECTIVE DATE

The effective date of the limited liability company shall be the date of filing.

### ARTICLE VI - PURPOSE

The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the State of Florida.

REQUIRED SIGNATURE:

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 \$ 817.155, I

Aldo Beltrano, Authorized Representative

Typed or printed name of signee

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