

**L95000000353**

**MERRITT & TENNEY**

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May 2, 1995

VIA UPS NEXT DAY AIR

FILED  
95 MAY -3 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100001474211  
-05/03/95--01159--002  
\*\*\*\*337.50 \*\*\*\*337.50

Department of State  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, Florida 32399

In re: Green Hill Dairy, LLC

Dear Sir/Madam:

Enclosed for filing with your office are the original and one conformed copy of the Articles of Organization, Affidavit of Membership and Contributions, and Certificate of Designation of Registered Agent/Registered Office for Green Hill Dairy, LLC. Our firm's check totalling \$337.50 is also enclosed to cover the filing and certified copy fees.

Please process these documents and, if everything is in order, please issue a Certificate of Organization to the company and return said Certificate to me in the enclosed UPS return envelope.

We appreciate your assistance in this matter. If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

*Elaine Ramey*  
Elaine Ramey  
Legal Assistant

Enclosures

cc: James F. Tenney, Esq. Elaine R. GAVE

AUTHORIZATION BY PHONE TO  
CORRECT Corporate suffix  
DATE 5/10  
DOC. EXAM. off

APR 6-10

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

FILED  
95 MAY -3 2 10 37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Green Way Dairy, L.C.

**ARTICLE II - Address:**

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

Route 2, Box 245  
Quitman, Georgia 31643

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

December 31, 2025

**ARTICLE IV - Management:**

*(check and complete the appropriate statement)*

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Allan J. Wehner  
Route 2, Box 245  
Quitman, Georgia 31643

Desiree D. Wehner  
Route 2, Box 245  
Quitman, Georgia 31643

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Members of the limited liability company have the right to admit new members on the unanimous consent of the existing members. The existing members shall determine the amount and nature of contributions by new members at the time new members are admitted.

**ARTICLE VI - Members Rights to Continue Business:**

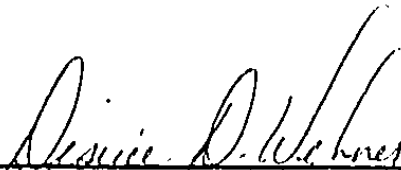
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The bankruptcy, death, incapacity, insanity, retirement, expulsion or resignation of a member shall terminate the limited liability company as of the close of business on the last day of the calendar month in which such event occurs. In such event, the remaining members may elect to continue the business of the limited liability company; provided, however, it shall require the affirmative vote of eighty percent (80%), in interest not in numbers, of the remaining members to elect to continue the limited liability company.

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Green Way  
Dairy, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ 0.00 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 1.00 . This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

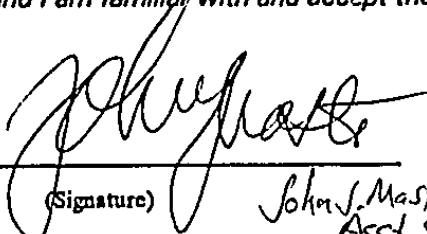
1. The name of the limited liability company is: Green Way Dairy, L.C.

2. The name and address of the registered agent and office is:

C T Corporation System  
(Name)  
1200 South Pine Island Road  
(P.O. Box not acceptable)  
Plantation, Florida 33324  
(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 duties, and I am familiar with and accept the obligations of my position as registered agent.*

 5/1/95  
(Signature) John J. Masters (Date)  
Asst. Secy.

**FILING FEE: \$ 35 for Designation of Registered Agent**

# 2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or After August 21, 1996. If Dissolved, Minimum Amount Due To Reinstatement: \$738.75

APPROVED  
AND  
FILED

96 JUL 25 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra D. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILING FEE \$263.75 Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L95000000353**

GREEN WAY DAIRY, L.C.  
ROUTE 2, BOX 245  
QUITMAN GA 31643

1a. Principal Place of Business Address

ROUTE 2, BOX 245  
QUITMAN GA 31643

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/03/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		5. Date of Last Report	6. Certificate of Status Desired
Country		Country			<input type="checkbox"/> Additional Fee Required

58-219-2417

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOT Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WEHNER, ALLAN J	ROUTE 2, BOX 245	QUITMAN GA
MCM	WEHNER, DESIREE D	ROUTE 2, BOX 245	QUITMAN GA

000001906510  
-07/29/96 010034024  
\*\*\*263.75 \*\*\*263.75

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Desiree D. Wehner  
SIGNATURE AND TYPED OR PRINTED NAME OF SAG AND MANAGING MEMBER OR MANAGER Date Daytime Phone #