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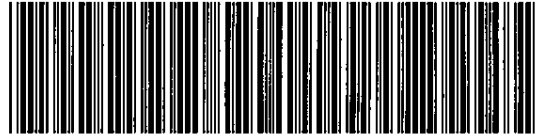
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J. BRYAN

JAN - 2 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BMS Farms, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

BMS Farms, LLC
(Name of Person)

Bennett Law Office, PC
(Firm/Company)

PO Box 7967
(Address)

Missoula, MT 59807-7967
(City/State and Zip Code)

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For further information concerning this matter, please call:

Barry McBride at (941) 809-7411
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. BMS Farms LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Montana 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/3/07 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 135 W. Main Street
Missoula, MT 59802
(Street Address of Principal Office)

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8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
BMS Farms, LLC (Barry or Susan McBride)
PO Box 7967
Missoula, MT 59802

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Real + personal property

Susan McBride
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Susan McBride
Typed or printed name of signee

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

BMS Farms, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

Susan McBride
(Name)

401-E Pinecrest Circle
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Jupiter FL 33458
City/State/Zip

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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 as provided for in Chapter 608, Florida Statutes.

S. McBride
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE
STATE OF MONTANA
CERTIFICATE OF FACT

I, **BRAD JOHNSON**, Secretary of State of the State of Montana, do hereby certify that on **DECEMBER 3, 2007**, Articles of Organization for the formation of **BMS FARMS LLC**, a Montana limited liability company, were filed according to Section 35-8-202, Montana Code Annotated.

I further certify that the registered agent for the company as listed in the Articles of Organization is **BENNETT LAW OFFICE PC; 135 W MAIN STREET; MISSOULA; MT, 59802**.

I further certify that the principal place of business is **135 W MAIN STREET; MISSOULA; MT, 59802**.

I further certify that **BMS FARMS LLC** shall be managed by **MANAGERS**.

I further certify that the names and addresses of the **MANAGERS** of the limited liability company are **BENNETT LAW OFFICE, PC; PO BOX 7967; MISSOULA; MT, 59807-7967**.

I further certify that **BMS FARMS LLC** shall be dissolved no later than **PERPETUAL**.

I further certify that the limited liability company has filed all required reports with this office and that no notice or decree of dissolution has been filed with this office and it is in good standing.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this **December 14, 2007**.



Brad Johnson

BRAD JOHNSON
Secretary of State

Certified File Number: **C177409**

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