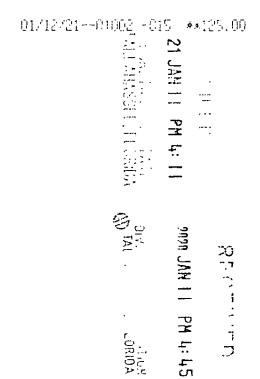
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☐ PICK-UP X WAIT ☐ MAIL
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COVER LETTER

Division of Cor			
SUBJECT:	Miller AGICI Name of Limite	ULTURE AND CAT	TILE RANCH
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
	Terry Mil	Name of Person	
		. Tune of Person	
		Firm/Company	
92	05 MICCOSC	Address	
	ALIMHASSEE Cit JPthump 73 @ 9 E-mail address: (to be used to	y/State and Zip Code Mail. Com or future annual report notification	on)
For further information co	oncerning this matter, please	call:	
Terry	me of Person Ar	850 363 - 893 ca Code Daytime Telephono	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)
	ing Address Filing Section	Street Address New Filing Section Di	ivision

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

New Filing Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limi	ted Liability Comp	any is:			
	Miller	Agriculture	Cattle	Ranch	LC
	(Must contain the v	vords "Limited Liability Comp	pany, "L.L.C.," or	"LLC.")	
ARTICLE II - Addr The mailing address a	ess: and street address o	f the principal office of the Li	mited Liability Co	ompany is:	
	Principal Offic	e Address:	3	Aailing Address	5:

Principal Office Address:	wraning Address.
9205 Miccosukee Rd	SAME
jallahassee porick 32309	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARTICLE 1 - Name:

Justin'Time Name	Legal	Analyst Lla
660 W. T	3 reveral	ST
Florida street address (P.O.	Box NOT acceptal	ole)
Tallahassee	Novida	32384
City	State	Zip

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

21 JAN II PH GI II

ARTICLE IV-

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

Use attachment if necessary) Use attachment if necessary Use attachment if necessary) Use attachment if necessary) Use attachment if necessary) Use attachment if necessary) Use att	'AMBR" = Authoriz		Name and Address:	
Use attachment if necessary) IV: Effective date, if other than the date of filing: (OPTIONAL) (Stive date is listed, the date must be specific and cannot be more than five business days prior to or 90 (filing.) (Miling.) (Mili		zed Member		
Use attachment if necessary) V: Effective date, if other than the date of filing:	_		Terry Maler	
Use attachment if necessary) EV: Effective date, if other than the date of filing:	1762		9205 MICCOSUKEE Rd	
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 s.817.155, F.S. VI: Other provisions of Registered Agent Signature of Organization and Designation of Registered Agent Signature of Provided Statutes Signature of State Signature of			Tallahassee 12 3231	09
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