



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/09/2004	200400803550	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

HUFFER AND HUFFER CO., L.P.A.
PO BOX 464
CIRCLEVILLE, OH 43113

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1432180

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

A. JAIE FARM, LLC

and, that said business records show the filing and recording of:

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):

200400803550



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 24th day of December,
A.D. 2003.

J. Kenneth Blackwell
Ohio Secretary of State

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WELL
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RS
ATEPrescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
 e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail from Ohio to the following:

- ☐ Yes PO Box 1390
 Columbus, OH 43216
 *** Requires an additional fee of \$100 ***
- ☒ No PO Box 670
 Columbus, OH 43216

ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)
 Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	(2) ☐ Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705 _____ (Date of Formation) (State)
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Complete the general information in this section for the box checked above.

Name A. JAIE Farm, LLC☐ Check here if additional provisions are attached

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.t.d., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified,
 (mm/dd/yyyy) the date must be a date on or after the date of filing.

This limited liability company shall exist for _____ a period of indefinite time.
 (Optional) (Period of existence)

Purpose _____
 (Optional) The wholesale and retail farm business and management thereof, as well as all other
 activities legally permitted of Limited Liability Companies.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws
 of this limited liability company is

(Optional) A. JAIE Farm, LLC
 (Name)
7283 U.S. Route 22 East
 (Street) NOTE: P.O. Box Addresses are NOT acceptable.
Circleville Ohio 43113
 (City) (State) (Zip Code)

Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

A. JAIE Farm, LLC

(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

Thomas F. Lamb

(Name of Agent)

7283 U.S. Route 22 East

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Circleville

(City)

Ohio

(State)

43113

(Zip Code)

Must be authenticated by an
authorized representative

Thomas Lamb

Authorized Representative

Thomas F. Lamb

November 6, 2003

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

A. JAIE Farm, LLC

(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.

Thomas Lamb
THOMAS F. LAMB (Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio
(State)

(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- a. the agent cannot be found, or
- b. the limited liability company fails to designate another agent when required to do so, or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)

Authorized Representative

Date

(Print Name)

Authorized Representative

Date

(Print Name)

DEC-18-2003 THU 12:33 PM FROM:

FAX:

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Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Non-Profit)

Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

☐ Where consenting entity is a corporation (147-CSC)	Where consenting entity is a registrant of ☐ Trade Name ☐ Service Mark ☐ Trade Mark (148-C5N)	Where consenting entity is a ☒ Limited Liability Company ☐ Limited Partnership ☐ Partnership Having Limited Liability (148-C6L)
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☐ Check here if additional provisions are attached
 Charter or Registration No.
 of Entity Giving Consent

928863

 Name of Entity
 Giving Consent

A & J Farms, LTD.

Gives its Consent To

Thomas F. Lamb, as Managing Member of A. JAIE Farm, LLC

To Use The Name

A. JAIE Farm, LLC

REQUIRED
 Must be authenticated
 (signed) by an authorized
 representative

 12/19/03
 Authorized Representative James A. Pastore, Date
 Managing Member

Authorized Representative

Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.