



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/05/2009	200930901248	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	.00	.00	.00	.00

Receipt

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

ERIC B. FENSTERMAKER
5466 FOX LAKE ROAD
ATHENS, OH 45701

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1893991

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

TRIPLE P FARMS, LLC

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

Document(s)

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

Document No(s):

200930901248



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 5th day of November,
A.D. 2009.

Ohio Secretary of State



**Form 533A Prescribed by the:
Ohio Secretary of State**

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

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)

Mail form to one of the following:

☐ Expedite PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***

☒ Non Expedite PO Box 670
Columbus, OH 43216

**ARTICLES OF ORGANIZATION FOR A DOMESTIC
LIMITED LIABILITY COMPANY**

Filing Fee: \$125.00

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA) ORC 1705	(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA) ORC 1705
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Name of limited liability company

TRIPLE P FARMS, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

Effective Date _____ (The legal existence of the limited liability company begins upon the filing
(Optional) mm/dd/yyyy of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for _____
(Optional) Period of Existence

Purpose
(Optional)

☐ Check here if additional provisions are attached

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

TRIPLE P FARMS, 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

PHILIP E. HOUSER

Name of Agent

11000 JUDAS ROAD

Mailing Address

NEW HOLLAND

City

Ohio

State

43145

Zip Code

☐ If the agent is an individual and using a P.O. Box, check this box to certify the agent is an Ohio resident.

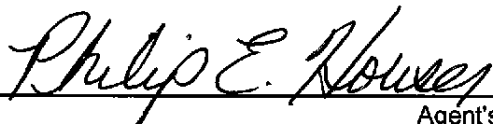
ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

TRIPLE P FARMS, LLC

Name of Limited Liability Company

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



Agent's Signature

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document on behalf of the limited liability company identified above.

REQUIRED

Articles and original appointment of agent must be authenticated (**signed**) by a member, manager or other representative.

Philip E. Houser

Signature

DatePHILIP E. HOUSER

Print Name

Paul E. Houser

Signature

DatePAUL E. HOUSER

Print Name

Patrick E. Houser

Signature

DatePATRICK E. HOUSER

Print Name

(See Instructions Below)