



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/24/2013	201335401059	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.	125.00	0.00	0.00	0.00	0.00

Receipt

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

WIESENMAYER LAW OFFICE
15 WILLIPIE STREET, SUITE 300
P.O. BOX 299
WAPAKONETA, OH 45895

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
2255332

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

A. N. VAN HORN FAMILY 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):

201335401059

Effective Date: 01/01/2014



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.
2013.

Jon Husted
Ohio Secretary of State



Form 533A Prescribed by:
Ohio Secretary of State

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Date Electronically Filed: 12/20/2013

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) ☐ Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company

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

Effective Date
(Optional) mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing 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)

**Note for Nonprofit LLCs

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

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

A. N. VAN HORN FAMILY 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

ALAN VAN HORN

Name of Agent

16301 STATE ROUTE 196

Mailing Address

WAYNESFIELD

City

OH

State

45896

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent

ALAN VAN HORN

Statutory Agent Name

for

A. N. VAN HORN FAMILY FARMS, LLC

Name of Limited Liability Company

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

Statutory Agent Signature

ALAN VAN HORN

Individual Agent's Signature / Signature on Behalf of Corporate Agent

☒ Please check here to confirm that the agent is an Ohio resident, an Ohio corporation, or a foreign corporation licensed under Ohio law.

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.

Required

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

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

A. NOLAN VAN HORN, MEMBER

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name