



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/10/2015	201521901620	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	125.00	0.00	0.00	0.00	0.00

Receipt

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

STEBELTON, ARANDA & SNIDER
RICK L. SNIDER
109 N. BROAD STREET, SUITE 200
LANCASTER, OH 43130

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
2417928

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

SPEAKMAN FARM PROPERTIES, LLC

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

Document(s)

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG

Effective Date: 08/06/2015

Document No(s):

201521901620



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
10th day of August, A.D. 2015.

Ohio Secretary of State



Form 533A Prescribed by:

JON HUSTED
 OHIO SECRETARY OF STATE

 Toll Free: (877) SOS-FILE (877-787-3453)
 Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

 Regular Filing (non expedite)
 P.O. Box 670
 Columbus, OH 43216

 Expedite Filing (Two business day processing time.
 Requires an additional \$100.00)

 P.O. Box 1390
 Columbus, OH 43216

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)

2015 AUG -6 PM 2:11

 Name of Limited Liability Company Speakman Farm Properties, LLC

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)

perpetual

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

Speakman Farm Properties, 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

SAS Agent for Service, Inc.

Name of Agent

109 N. Broad Street, Suite 200

Mailing Address

Lancaster

City

Ohio

State

43130

ZIP Code

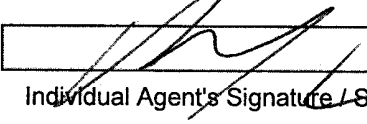
ACCEPTANCE OF APPOINTMENT

The undersigned, SAS Agent for Service, Inc. named herein as the statutory agent
Statutory Agent Name

for Speakman Farm Properties, LLC
Name of Limited Liability Company

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

Statutory Agent Signature


Individual Agent's Signature / Signature on Behalf of Business Serving as Agent

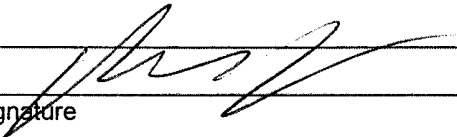
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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.


Signature

By (if applicable)

Rick L. Snider
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name