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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:	٦			
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Office Use Only



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DIVISION OF COR. OF THE WINESSEE FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			=
SUBJECT: Phillips Tractor (Name of Lin	Services nited Liability Comp	UE any)	
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
Larry C Phillips (Name of Person)	·	·	
Phillips Tractor Services (Firm/Company)		FRE CES	· . — —
4684 Gautier Dr. (Address)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	· • • • • • • • • • • • • • • • • • • •
Tallahusser Fla 323 (City/State and Zip Code)	303	ne com nation	32 N
For further information concerning this matter, please	e call:		DA FE
Lacry (Phillips (Name of Person)	at (<u>PSO</u>) (Area Code & I	545 -0996 Daytìme Telephone Numb	Der) SET OF PH
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDR Registration Section Division of Corport P.O. Box 6327 Tallahassee, Florid	n ation s	PH 2:51

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Phillips Tractor Services L	LC
· · /	
ARTICLE II - Address:	
The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
51 /1 T / C	
Phillips Tractor Securces HC	Some
4684 Gartrer Dr.	
Tollahoser Flow 32303	
ARTICLE III - Registered Agent, Registered Office	, & Registered Agent's Signature:
The many and the Florida street address of the manisters	
The name and the Florida street address of the registere	-
Larry C. Phillips	.=c
Name	
4684 Gautier Dr.	
Florida street address (P.O. Box N	OT acceptable)
Till borne	77 7 /7
Tallahossee FL City, State, and Zip	
0.09, 5.00, 0.00	
Having been named as registered agent and to accept s	ervice of process for the above stated limited
liability company at the place designated in this certific	ate, I hereby accept the appointment as
registered agent and agree to act in this capacity. I furt	ther agree to comply with the provisions of all
statutes relating to the proper and complete performance	ce of my duties, and I am familiar with and
accept the obligations of my position as registered agen	ıt as provided for in Chapter 608, F.S
	M. Ali Pri
Japan . lel	
Registered Agent's Signat	ture 🚍 🐯 📆

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member	*		
MGRM	Larry C. Phillips	- <u> </u>	
	4684 Gautier Dr.		
	Tallahussee Flas 32303		• .
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(Use attachment if necessary)		-	
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NOTE: An additional article must be	added if an effective date is requested.		
	-		
REQUIRED SIGNATURE:			
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	a 0,01.		
Fame	They Do		
Signature of a member	or an authorized representative of a member.		### 11 m
(In accordance with sect	ion 608.408(3), Florida Statutes, the execution	gj	
of this document constitu	utes an affirmation under the penalties of perjury 🚡	1	
that the facts stated here	A 171-		ń.
Larry t	ed or printed name of signee	3	<u>\$</u> ± ₹
Typ	ed or printed name of signee	155	10 July 104
	Filing Food	<u></u>	
	Filing Fees: \$100.00 Filing Fee for Articles of Organization		
	\$ 25.00 Designation of Registered Agent		
	\$ 30.00 Certified Copy (Optional)		

To per constant

\$ 5.00 Certificate of Status (Optional)