

LO4000029720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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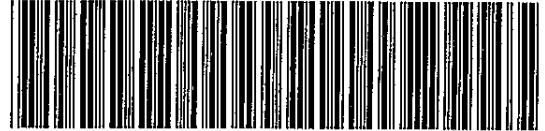
(Business Entity Name)

(Document Number)

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LO4-29720
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Joe Sod and Forest Products, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ernest Reese Antley
(Name of Person)

St Joe Sod and Forest Products, LLC
(Firm/Company)

PO Box 401
(Address)

Port St Joe, Fl 32457
(City/State and Zip Code)

For further information concerning this matter, please call:

Ernest Reese Antley at (850) 596-3416
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 12 PM 1:30

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

St. Joe Sod and Forest Products, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

St Joe Sod and Forest Products, LLC

9820 W Highway 98

Port St Joe, FL 32456

Mailing Address:

St Joe Sod and Forest Products, LLC

PO Box 401

Port St Joe, FL 32457

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Ernest Reese Antley

Name

44 Magnolia Dr

Florida street address (P.O. Box **NOT** acceptable)

Port St Joe

FLORIDA 32456

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

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04 APR 12 PM 1:33
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

William R Antley
108 Windsong Ct
Port St Joe, FL 32456

MGRM

Ernest R Antley
44 Magnolia Dr
Port St Joe, FL 32456

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ernest Reese Antley

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)