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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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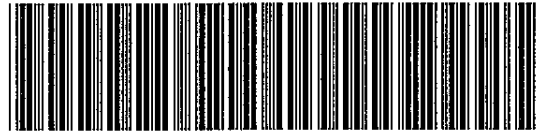
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**EFFECTIVE DATE**

6-1-04

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6-7-04

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S & S Tractor Services, 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:

Stephen W. Smith  
(Name of Person)

S & S Tractor Services  
(Firm/Company)

956 Candy Lane  
(Address)

Cantonment FL 32533  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Smith at (850) 572-0435  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

S & S Tractor Services, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

S & S Tractor Services, LLC

same

**EFFECTIVE DATE**

956 Candy Ln

Cantonment FL 32533

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

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

Melissa A Smith

Name

956 Candy Ln

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

Cantonment

FLORIDA

32533

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..*

Melissa A Smith

Registered Agent's Signature

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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

Stephen W. Smith  
956 Candy Ln  
Cantonment FL 32533

MGRM

Melissa A. Smith  
956 Candy Ln  
Cantonment FL 32533

MGRM

Rhodie A. Steele, Jr  
4440 Pine Villa Circle  
Pace FL 32571

MGRM

Wilma J. Steele  
4440 Pine Villa Circle  
Pace FL 32571

(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.)

Stephen W. Smith

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **Article V: Effective Date**

This company's effective date shall commence June 1, 2004.

### **Article VI: Purpose of Limited Liability Company**

This Limited Liability Company is created for the purpose of:

**Conducting Any and All Lawful Business in the State of Florida.**

AND  
FILED  
04 JUN -3 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA