

L04000092128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agger Long 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:

Agger Long
(Name of Person)

Agger Long Tractor Services
(Firm/Company)

4465 Susan Street
(Address)

HASTINGS, Florida 32145
(City/State and Zip Code)

For further information concerning this matter, please call:

Agger Long at (904) 386 328-3653
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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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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:

Agger hong Tractor Services "L.L.C."

ARTICLE II - Address:

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

Principal Office Address:

Agger hong
4465 Susan Street
Hastings Florida FL
32145

Mailing Address:

Agger hong
4465 Susan Street
Hastings Florida

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

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

Agger hong
Name
4465 Susan Street
Florida street address (P.O. Box **NOT** acceptable)
Hastings FL 32145
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, F.S.

Agger hong
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

(CONTINUED)

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

"MGRM"

Name and Address:

Agger Long
4415 Susan Street
Hastings Florida 32145

(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.)

Agger Long
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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THIS LICENSE IS ISSUED PURSUANT
TO COUNTY ORDINANCE 72-2
2004/2005 ST. JOHNS

COUNTY OCCUPATIONAL LICENSE
MUST BE DISPLAYED IN A CONSPICUOUS SPACE

ACCOUNT 8500034188

PLATES
MACHINES ROOMS SEATS

TYPE OF BUSINESS 000310 TRACTOR SERVICE
BUSINESS ADDRESS 4465 SUSAN STREET
HASTINGS FL 32145

NAME LONG AGGER
ADDRESS 4465 SUSAN STREET
HASTINGS, FL 32145

THIS FORM BECOMES A RECEIPT
ONLY WHEN VALIDATED

RECEIVED AS CERTIFIED, DENNIS W. HOLLINGSWORTH
ST. JOHNS COUNTY TAX COLLECTOR, ST. AUGUSTINE, FL 32084
This occupational license does not constitute a franchise, an agreement
to sell, or an agreement to perform the services or operate the business descri-
bed on the license. It is a license to operate a business in the county of St. Johns
Florida when a franchise, agreement, or other county commission, statute or law
requires a license to operate a business in the county, state or federal law.

EXPIRES 9/30/2005

SUPPLEMENTAL
RENEWAL
NEW LICENSE
TRANSFER
ORIGINAL TAX

X

22.00

AMOUNT
PENALTY
COLLECTION COST
TOTAL

22.00

.00

22.00

DENNIS W. HOLLINGSWORTH
ST. JOHNS COUNTY TAX COLLECTOR
1035294.0001 of 2000
DATE 12/02/2004
Order JRE
Till 140
Paid \$22.00

0000002200 0000002200 00000000000023036 1001