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(Re	questor's Name)	
(Add	dress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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		(dm)
	Office Use On	11111



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# TRANSMITTAL LETTER

TO: Registration Se Division of Cor					
SUBJECT: Sc	ott Thomas Trac (Name of Limited	tor Service   .   d Liability Company)	c		
The enclosed Articles of	Organization and foc(s) are so	abmitted for filing.			
Please return all correspond	ondence concerning this matte	r to the following:			
	Scott Thomas				
<del>1 </del>	(1	Name of Person)		SECR	05 MAY 31 AM
Scott	Thomas Tractor	Service L.L.C.			3
	(i	Firm/Company)		型式	
5	069 Norriswood	Dr.		HY OF STATE	M 8: 05
		(Address)		¥π	CTI.
M	ulberry, Fl. 33	3860			
	(City/	State and Zip Code)	<del>,, </del>		
For further information of	concerning this matter, please	call:			
		at ()(Area Cude & Daytime T		•	
(Name	of Person)	(Area Code & Daytime T	elephone Number)		
	r the following amount:				
\$125.00 Filing Fee	☐ \$130,00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	C1 \$160.00 Filing Certificate of Star Certified Copy (additional copy is en	us &	
Registi Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assoc, Florida 32399	MAILING A Registration S Division of C P.O. Box 632 Tallahassoe, F	Section oxporations 7		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	Company is:
Scott Thomas Tract	or Service L.L.C.
ARTICLE II - Address: The mailing address and street addr	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5069 Norriswood Dr. Mulberry, Fl. 33860	5069 Norriswood Dr. Mulberry, Fl. 33860
ARTICLE III - Registered Agent,	Registered Office, & Registered Agent's Signature:
The name and the Florida street add	kress of the registered agent are:
Scott	Thomas 57
	Name Fift A
5069 No	Name  rriswood Dr.
Flo	orida street address (P.O. Box NOT acceptable)
Mulbe	rry FL 33860 98 6
	City, State, and Zip
liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	igent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ition as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Title:

"MGR" = Manager

"MGRM" = Managing Member

MRG.

Scott Thomas

5069 Norriswood Dr.

Mulberry, Fl. 33860

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

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

(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.)

Scott Thomas
Typed or printed name of signee

### Filing Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Ragistered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)