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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
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06 MAR 15 PH 2: 46

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COVER LETTER

TO: Registration Division of C			
SUBTROT. Rick's	Backhoe Service, LLC		
SUBSECT:		Liability Company)	
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing	
	-		
Please return an corre	spondence concerning this matte	t to the following.	
Richard L	. Bateman		
	O	Name of Person)	
Rick's Ba	ckhoe Service, LLC.		
	(Firm/Company)	
20 Peggy	/ St.		
		(Address)	
Crawford	ville, FL 32327		
	(City	State and Zip Code)	
For further information	n concerning this matter, please	call:	
Richard L. Bate	man	at (850) 2941416	i
(Na	ne of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fe	e \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name					
The name of the Limi	ted Liability Company is:				
Rick's Backhoe Servi			···		
Must end with the words "L	imited Liability Company, "Limited	Company" or their abbreviation "LLC,	" or "L.C.,")		
ARTICLE II - Addr The mailing address a		ncipal office of the Limited Li	ability Cor	mpan	y is:
Principal Office Add	lress:	Mailing Address:			
20 Peggy St.		20 Peggy St.			
Crawfordville, FL 32327		Crawfordville, FL 32327		_	
ARTICLE III - Reg The Limited Liability Comp business entity with an acti	oany cannot serve as its own Registe	Office, & Registered Agent's red Agent. You must designate an indiv	s Signatur idual or anoth	e: er	
The name and the Flo	orida street address of the re	gistered agent are:	36	96	
R	ichard L. Bateman		2	TAN A	1
•	Name		LISKY OF STATE	~ 5	diretimant.
2	D Peggy St.		E S	P	America:
	Florida street addr	ess (P.O. Box NOT acceptable)			i ing a
C	rawfordville, FL 32327	FL	고	2: 46	
-	City, State, ar	nd Zip	٠٠١ ١٠١	.,	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manag "MGRM" = Manag		Name and Address:	
MGR		Richard L. Bateman	
		20 Peggy St.	
		Crawfordville, FL 32327	

(Use attachment i	if necessary)		
CLE V: Effective of	date, if other than the	date of filing:	(OPTIONA
CLE V: Effective of	date, if other than the ted, the date must be te of filing.)	date of filing: e specific and cannot be more than fiv	(OPTIONA re business day
CLE V: Effective of offective date is list days after the da	date, if other than the ted, the date must be te of filing.)	e specific and cannot be more than fiv	e business day 06 MAR SECRETE
CLE V: Effective of offective date is list days after the da	date, if other than the ted, the date must be te of filing.) GNATURE: Signature of a membe (In accordance with sec	e specific and cannot be more than five a specific and cannot be more than five a specific and cannot be more than five a specific and cannot be more than five an authorized representative of a memorition 608.408(3), Florida Statutes, the execution tuttes an affirmation under the penalties of per	CE business day O6 MAR 15 F SECRETARY OF TALL AHASSEE

. . .

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

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)