

L08000052027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

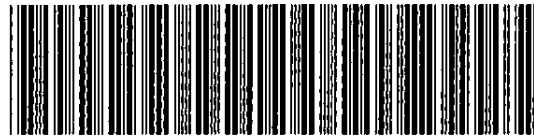
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900130063349

05/23/08--01004--019 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 23 PM 3:35

J. BRYAN

MAY 27 2008

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: FLORIDA TIMBER AND FORESTRY 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:

A. W. WILSON (Registered Agent)
(Name of Person)

FLORIDA TIMBER AND FORESTRY PRODUCTS LLC
(Firm/Company)

P.O. BOX 497
(Address)

REDDICK, FLORIDA 32686
(City/State and Zip Code)

For further information concerning this matter, please call:

A. W. Wilson (Agent) at 352 402-0050
(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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
STATE
SECRETARY OF
DIVISION OF CORPORATIONS
08 MAY 23 PM 3:35

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA TIMBER AND FORESTRY PRODUCTS LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

17959 Hwy 301
Citra Florida
32113

Mailing Address:

P.O. Box 497
REDDICK FLORIDA
32686

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

A.W. Wilson (Agent)
Name

17959 - HWY 301
Florida street address (P.O. Box **NOT** acceptable)
Citra FL 32113
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 23 PM 3:35

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..

A.W. Wilson
Registered Agent's Signature (REQUIRED)

(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

MGR

Name and Address:

Michele Badanek

P.O. Box 497

REDDICK, FLORIDA 32688

(Use attachment if necessary)

08 MAY 23 PM 3:35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

A. W. Wilson (Registered Agent)

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.)

A. W. WILSON (REGISTERED AGENT)

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)