

LD9 000037777

(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



600149077726

04/10/09--01007--009 **130.00

FILED
2009 APR 10 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 20 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2009

ROY SQUIRES
430 DEERFIELD RD.
ST. AUGUSTINE, FL 32095

SUBJECT: COUNTRY SQUIRE TRACTOR WORKS & MORE "LLC"
Ref. Number: W09000017166

We have received your document for COUNTRY SQUIRE TRACTOR WORKS & MORE "LLC" and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 10, 2009. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 509A00012293

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 APR 10 PM 2:31

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Country Squire Tractor Works & More "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:

Roy Squires or Cheryl Rayfield

(Name of Person)

Country Squire Tractor Works & More "LLC."

(Firm/Company)

430 Deerfield Rd.

(Address)

St. Augustine Florida 32095

(City/State and Zip Code)

For further information concerning this matter, please call:

Roy Squires

(Name of Person)

at (**904**) **669-8852**

(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

2009 APR 10 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Country Squire Tractor Works & More "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:

430 Deerfield Rd
St. Augustine, FL 32095

Mailing Address:

430 Deerfield Rd
St. Augustine, FL 32095

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:

Roy Squires

Name

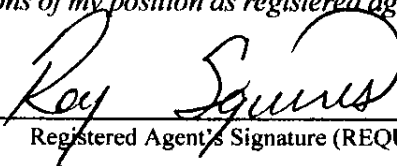
430 Deerfield Rd

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

St. Augustine, FL 32095

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..



Registered Agent's Signature (REQUIRED)

2009 APR 10 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(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

Name and Address:

MGR

Roy Squires

430 Deerfield Rd.

St. Augustine, FL 32095

MGR

Cheryl Rayfield

430 Deerfield Rd.

St. Augustine, FL 32095

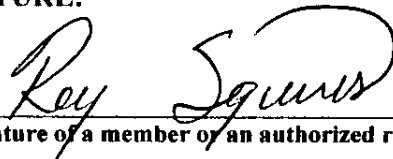
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/3/2009 (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.)

FILED
2009 APR 10 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

Roy Squires

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)