1100001656

(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



100211672251

09/02/11--01025--018 **125.00

SECRETARY OF STATE

T. CLINE

SEP - 6 2011

EXAMINER

COVER LETTER

. Division of Corporations			
SUBJECT: Agricultural Payroll So	olutions, LLC		
	nited Liability Company		
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Richard McKenzie, Jr.			
	Name of Person		
Richard McKenzie & Son	ns, Inc.		
	Firm/Company		
P O Box 909			
	Address		
Avon Park, FL 33826-0909			
	City/State and Zip Code	=1	
tjkrms@gmail.com	d for future annual report notification)	29	<u>=</u>
For further information concerning this matter, plea	·	ATTAS	SEP-2
Tracy Kent	at (863) 528-0261	RY OF	
Name of Person	Area Code & Daytime Telephone Number	SE. FLORIDA	PER RETINA
Enclosed is a check for the following amount:		>	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & \$160.00 Fili Certified Copy Certificate o (additional copy is enclosed) Certified Co (additional cop	f Status of	&
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

77

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AF	TT	CI	Æ	I - '	Na	me

The name of the Limited Liability Company is:

Agricultural Payroll Solutions, 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:	Mailing Address:	
1753 US Highway 27 N	P O Box 909	
Avon Park, Fl 33825	Avon Park, FI 33826-0909	9
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an inc	dividual on the P
Tracy Kent	C C	SSEE SEE
	Name	
1753 US Hig	hway 27 N	DIAJE ORIDA
Florida	street address (P.O. Box NOT acceptable)	₩
Avon Park	_{E1} 33825	

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..

City, State, and Zip

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:

MGRM	
	Richard M McKenzie, Jr.
	2451 CR 630 W
	Frostproof, FL 33843
MGRM	Tony Boyd
	202 Lake Howard Dr SW
	Winter Haven, FL 33880
(Use attachment if necessary)	
CLE V: Effective date, if other than the da effective date is listed, the date must be spood days after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days p

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 1 am aware that any false information submitted in a document to the Department of the constitutes a third degree felony as provided for in s.817.155, F.S.)

Richard M McKenzie, Jr.

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)

WI SEP -2 PM (2) 和