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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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B. KOHR

JUL 23 2012

EXAMINER



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COVER LETTER

TO: Registration : Division of Co			
SUBJECT:	Russell Cart Name of Limited	Liability Company	~
The enclosed Articles	of Organization and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Russell Carte	v	
	N	ame of Person	
	F	irm/Company	
	P.O. Box	25/	
	P.O. BOX		
	Calvary,	State and Zip Code	
	City/S	State and Zip Code	
	E-mail address: (to be used for	future annual report notification)	
For further information	concerning this matter, please c	all:	
Lou Av	cof Person	at (229) 872 - 310 2 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 & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status &
	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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Russell Carter, 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:
6430 Hwy 1115. Calvary, GA, 39829 Calvary GA 39829
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:
Park Goodson
Name

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..

HAVANA FL 32 333 City, State, and Zip

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

Park Joules

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Russell Carter Po Box 251 Calrary GA 39829
(Use attachment if necessary)	
LE V: Effective date, if other tha fective date is listed, the date mudays after the date of filing.)	n the date of filing: (OPTION ust be specific and cannot be more than five business d
REQUIRED SIGNATURE:	•
REQUIRED SIGNATURE:	Russell Center
	Recold Cute nember or an authorized representative of a member.
Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State in felony as provided for in s.817.155, F.S.) Self Carter Typed or printed name of signee

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