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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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G. MCLEÖD Only

OCT 26 2012

**EXAMINER** 



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## **COVER LETTER**

TO:

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**Registration Section** 

Division of Corporations
SUBJECT: B-M Tractor and Fencing
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:
Bernice E. M& Lead, In
Name of Person .
B-M Tractor and fencing Finn/Company
P.O. Box 354
Address
Wacissa, Fl 32361 City/State and Zip Code
, , ,
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bernice E. Meleod J. (Mach) at (850) 997-3091  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status}\$\$  Certificate of Status \$\ \text{Certified Copy (additional copy is enclosed)}\$\$  Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
B-M Tractor and fe (Must end with the words "Limited Liability)	ty Company L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
87 Granger HighTower Rd. Wacissa, Fl	Po. Box 354 Wacissa, Fl 32361
Wacissa, City, Sto	egistered agent are:  Seed, Jr.  Press (P.O. Box NOT acceptable)

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..

G. MCLEOD OCT 26 2012 EXAMINER

**ARTICLE I - Name:** 

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Bernice G. MELEON J. (Ma
MGRM	Bernice & M&Lead III (Br) 10534 South Salt Road Lamont, Fl 32336
<del></del>	
(Use attachment if necessary)	
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)	an the date of filing: (OPTIONA nust be specific and cannot be more than five business day
REQUIRED SIGNATURE:	

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

Bernice E. M. Lead In.

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)