

L13 0000 42783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

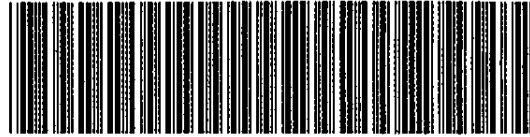
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR 20 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 21 2013

EXAMINER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BIG RACKS HUNT CLUB, 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:

Robert Jones

Name of Person

Big Racks Hunt Club, LLC

Firm/Company

3560 Todd Lane

Address

Mims, Florida 34754

City/State and Zip Code

robertjones@southeastpower.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Jones

321-431-6895

at ()

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIG RACKS HUNT CLUB, 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:

3560 Todd Lane
Mims, Florida 32754

Mailing Address:

3560 Todd Lane
Mims, Florida 32754

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:

Robert Jones

Name

3560 Todd Lane

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

Mims

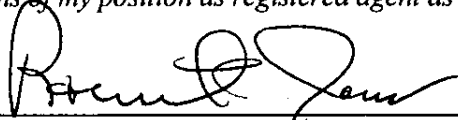
FL

32754

City, State, and Zip

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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)

(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

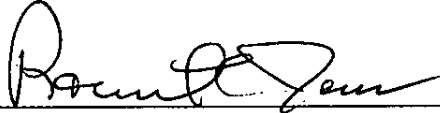
Name and Address:

<u>MGR</u>	<u>ROBERT JONES</u> <u>3560 TODD LANE</u> <u>MIMS, FLORIDA 32754</u>
<u>MGRM</u>	<u>DOUG PAGE</u> <u>3751 SW WILDCAT RUN ROAD</u> <u>ARCADIA, FLORIDA 34266</u>
<u>MGRM</u>	<u>TODD DAVID</u> <u>2903 NW 661A</u> <u>ARCADIA, FLORIDA 34266</u>
<u>MGRM</u>	<u>RONNIE COTTON</u> <u>800 GRACE AVENUE, EAST</u> <u>HAINES CITY, FLORIDA 33844</u>

(Use attachment if necessary)

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:



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. 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.)

ROBERT JONES

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)

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13 MAR 20 1:32
STATE
ALLAHAMSS
FLORIDA