

L13000167571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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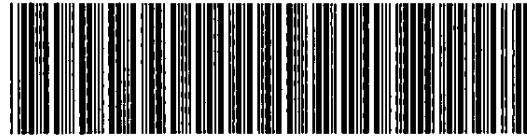
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

EFFECTIVE DATE

01/01/14

DEC 03 2013  
FEE RECEIVED

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clay Agricultural Services, 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:

Dale S. Wilson

Name of Person

Dale S. Wilson, P.A.

Firm/Company

PO Box 1808

Address

Green Cove Springs, FL 32043

City/State and Zip Code

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

For further information concerning this matter, please call:

Dale Wilson/Penny Hopper at 904 284-5618

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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**ARTICLES OF ORGANIZATION**  
**OF**  
**CLAY AGRICULTURAL SERVICES, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I**  
**NAME**

The name of the Limited Liability Company is CLAY AGRICULTURAL SERVICES, LLC.

**ARTICLE II**  
**NATURE OF BUSINESS**

The general character, purpose, and nature of business to be transacted by this Company is: agricultural services, labor and agricultural products for cattlemen and farmers and any other lawful enterprise.

**ARTICLE III**  
**ADDRESS**

The mailing address and street address of the principal office of the company is:

Street address: 4828 Highway 17 South, Green Cove Springs, Florida 32043.

Mailing address: PO Box 205, Green Cove Springs, Florida 32043.

**ARTICLE IV**  
**DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

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CLAY COUNTY CLERK  
TALLAHASSEE, FLORIDA

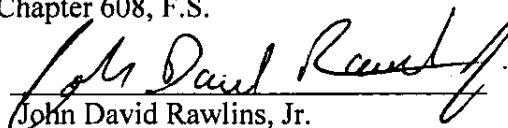
EFFECTIVE DATE 01/01/14

**ARTICLE V**  
**REGISTERED OFFICE/AGENT**

The name and the Florida street address of the Registered Agent are:

John David Rawlins, Jr.  
114 El Prado Court  
Bostwick, Florida 32007

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.

  
John David Rawlins, Jr.

**ARTICLE VI**  
**MANAGING MEMBERS/DIRECTORS**

**Title:**

**Name and Address:**

MGRM/DIRECTOR

John David Rawlins, Jr.  
PO Box 205  
Green Cove Springs, FL 32043

MGRM/DIRECTOR

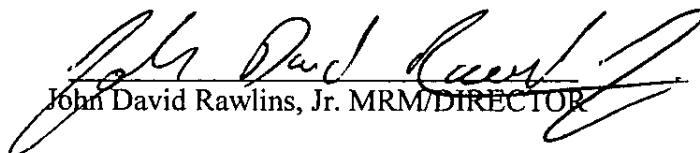
Jeremy Adkins  
4828 Highway 17 South  
Green Cove Springs, FL 32043

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**ARTICLE VII**  
**EFFECTIVE DATE**

Effective date: January 1, 2014.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
John David Rawlins, Jr. MRM/DIRECTOR