

L14000033578

(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



300256881663

02/26/14--01017--017 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 26 PM 1:22

2/27  
(978)

## Cowboy Shipping, LLC

---

February 24, 2014

State of Florida

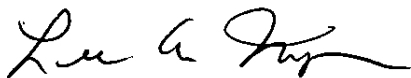
Registration Division

P.O. Box 6327

Tallahassee, FL 32314

Please find enclosed a check for \$130.00 and the Articles of Organization for a Florida LLC.

Thank you,



Lee A. Ingram

Cowboy Shipping, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 26 PM 1:22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cowboy Shipping, 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:**

5227 State Highway 83N  
Defuniak Springs, FL 32433

5227 State Highway 83N  
Defuniak Springs, FL 32433

**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:

Lee Ingram

Name

5227 State Highway 83N

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

Defuniak Springs

FL 32433

City

Zip

*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 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 26 PM 1:22

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

Lee A. Ingram

5227 State Highway 83N

Defuniak Springs, FL 32433

Carrie Ingram

5227 State Highway 83N

Defuniak Springs, FL 32433

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Lee A. Ingram

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)**