

214000131077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

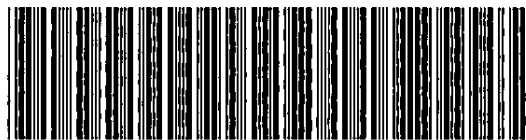
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-48059

Office Use Only



600262842366

08/04/14--01047--001 **155.00

RECEIVED BY STATE
CLERK'S OFFICE
TALLAHASSEE, FLORIDA

2014 AUG 20 PM 1:51

FILED

AUG 21 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAND & WORRELL PROPERTIES 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 W WORRELL

Name of Person

L&W PROPERTIES LLC

Firm/Company

PO BOX 44

Address

WORTHINGTON SPRINGS, FL 32697

City/State and Zip Code

RANDSWORRELL@WINDSTREAM.NET

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

For further information concerning this matter, please call:

ROBERT W WORRELL

Name of Person

at (352) 339-4291

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

RECEIVED
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

2014 AUG 20 PM 1:51

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAND & WORRELL PROPERTIES 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:

9168 SW 239A

LAKE BUTER, FL 32054

PO BOX 44

WORTHINGTON, FL 32697

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 W WORRELL

Name

9168 SW 239A

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

LAKE BUTLER

City

FL 32054

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..

Robert W. Worrell
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2014 AUG 20 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ROBERT W WORRELL

PO BOX 44

WORTHINGTON SPRINGS, FL 32697

MGR

DONNA W LAND

10816 SW 18TH LANE

GAINESVILLE, FL 32607

AMBR

SANDRA WORRELL

PO BOX 44

WORTHINGTON, FL 32697

AMBR

STANLEY G LAND

10816 SW 18TH LANE

GAINESVILLE, FL 32607

(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:

Robert W. Worrell

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.)

ROBERT W WORRELL

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 20 PM 1:51

FILED