# L150000 46920

(Requestor's Name)				
(Address)				
,	,			
<u></u>				
(Address)				
(City/S	State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
<del>_</del>	<del>_</del>	<del></del>		
(Busin	ess Entity Nar	me)		
(Document Number)				
Cartified Canics	Cortificato	s of Status		
Certified Copies	Certificates	s of Status		
Special Instructions to Fil	ing Officer:			
,	Ü			
		:		





200269834502

03/16/15--01008--014 \*\*155.00

15 HAR 16 AHII: 20

SECRETARY OF STATALLAHASSEE, FLOR

MAR 17 2015 J. HARRIS ORETARY OF STATE

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ag Flyers II, LLC				
			1	
	<del></del>		-	
			ļ	
				Art of Inc. File
			]	LTD Partnership File
				Foreign Corp. File
			<u></u>	L.C. File
		<u> </u>	Fictitious Name File	
			Trade/Service Mark	
			Merger File	
			Art, of Amend, File	
•			·	RA Resignation
			Dissolution / Withdrawal	
			Annual Report / Reinstatement	
			Cert. Copy	
			Photo Copy	
			Certificate of Good Standing	
				Certificate of Status
		· ——	Certificate of Fictitious Name	
			Corp Record Search	
			Officer Search	
				Fictitious Search
Signature		<del></del> -	Fictitious Owner Search	
	· <b>-</b> · · ·			Vehicle Search
			<u> </u>	Driving Record
Requested by: SETH			UCC 1 or 3 File	
Name	Date	Time	<u> </u>	UCC 11 Search
117 11. T	*****			UCC 1) Retrieval
Walk-In	Will Pick Up			Courier

## ARTICLES OF ORGANIZATION AG FLYERS II, A FLORIDA LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

#### ARTICLE I -- NAME

The name of the Limited Liability Company is: AG FLYERS II, LLC

### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 829 S. Kings Hwy Fort Pierce, FL 34945 Mailing Address: P.O. Box 2667 Fort Pierce, FL 34945 SECRETARY UF STA

FICE

ARTICLE III -- REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

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

J. Brantley Schirard 829 S. Kings Hwy Fort Pierce, FL 34945

Having been named as initial Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Article of these Articles of Organization, I hereby accept the designation 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 of the Florida Stantes.

ARTICLE IV - MANAGEMENT

The Limited Liability Company shall be a manager-managed Limited Liability Company.

The initial Manager of the Limited Liability Company shall be J. Brantley Schirard, who shall serve as the Manager until he resigns, is removed, or can no longer serve for any reason as provided in the Operating Agreement for this Limited Liability Company.

IN WITNESS WHEREOF, the undersigned, an authorized representative of a member of the Limited Liability Company, has affixed his signature this 13 day of March, 2015.

Dillon L. Roberts, Authorized Representative