L15000109245

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
:		





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COVER LETTER

то:	Registration Division of C				
SUBJEC	1777	Гrackers, L.L.C.			
SUBJEC			Limited Liabil	ity Company	***************************************
The encl	osed Articles	of Organization and fee(s)	are submitted	for filing.	
Please re	turn all corres	pondence concerning this	matter to the	following:	
	Robert R.	Elliott			
			Name of	Person	
	Trophy Tr	ackers, LLC.			
	 		Firm/Co	mpany	
	305 N Mai	in St			
			Addr	ess	
	Havana, F	L 32333			
	1.111		City/State an	d Zip Code	
	clelliott61@		-1 <i>C</i> - <i>C</i> -	1.00	
		E-mail address: (to be us		innuai report notificati	ion)
For further	r information o	concerning this matter, ple	ase call:		
	Robert Elli	ott at (850	573-6135	
	Na	me of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for	the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address		Street Address	
	_	stration Section sion of Corporations		Registration Section Division of Corporati	one
	P.O.	Box 6327		Clifton Building	
	Talla	hassee, FL 32314		2661 Executive Cente	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Trophy Tracker (Must	end with the words "Limited L	iability Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and str	eet address of the principal offi	ice of the Limited	Liability Company is:			
<u>Pri</u>	ncipal Office Address:		Mailing Address:			
305 N Main St		305 1	N Main St			
Havana, FL 323	33	Hava	ina, FL 32333			
	d Agent, Registered Office, &	Registered Agen	t's Signature:		50	
(The Limited Liability Com another business entity with	pany cannot serve as its own R n an active Florida registration.	Registered Agent Segistered Agent Segist		or Ly	2015 JUNE	
(The Limited Liability Com another business entity with	pany cannot serve as its own R	Registered Agent Segistered Agent Segist	t's Signature:	or Ly	2015 JUST 15	
(The Limited Liability Com another business entity with	pany cannot serve as its own R n an active Florida registration. treet address of the registered a Robert R. Elliott	Registered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Agent	t's Signature:	or	15 July 15	
(The Limited Liability Com another business entity with	pany cannot serve as its own R n an active Florida registration. treet address of the registered a Robert R. Elliott	Registered Agent Segistered Agent Segist	t's Signature:	The second secon	15 July 15	
(The Limited Liability Com another business entity with	pany cannot serve as its own R n an active Florida registration. treet address of the registered a Robert R. Elliott	Registered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Agent	t's Signature:		15 July 15	
(The Limited Liability Com another business entity with	pany cannot serve as its own R n an active Florida registration. treet address of the registered a Robert R. Elliott	Registered Agent Negistered Agent Negistered Agent Negistered Agent Negistered Agent Negistered Agent	t's Signature: 'Ou must designate an individual o	The second secon		
(The Limited Liability Com another business entity with	pany cannot serve as its own R in an active Florida registration. treet address of the registered a Robert R. Elliott 208 Cherry Lane	Registered Agent Negistered Agent Negistered Agent Negistered Agent Negistered Agent Negistered Agent	t's Signature: 'Ou must designate an individual o		15 July 15	

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

Title:	Name and Address:
"AMBR" = Authorize	1 Member
"MGR" = Manager	n i un Eu'u
MGR	Robert R. Elliott
	208 Cherry Lane
	Chattahoochee, FL 32324
MGR	Larry Quinn
·	305 N Main St
	Havana, FL 32333
fective date is listed, the of filing.) If the date inserted in the	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days prior to or 90 c s block does not meet the applicable statutory filing requirements, this date will not be
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