

L16000036330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

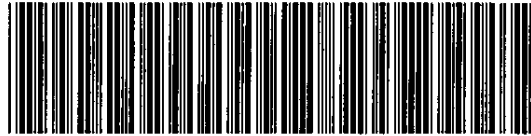
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/16/16--01026--003 **130.00

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16 FEB 16 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-22-16

February 11, 2016

Florida Secretary of State

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Greetings,

Please find enclosed the Articles of Organization for River Country Grocers, LLC and a money order for \$120.00 for the filing fees and Certificate of Status. My contact information is below.

Respectfully,


Michael Edwards

56329 Maple Road

Astor, FL 32102

386-748-1766

MONEY ORDER 17-184260991

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: River Country Grocers 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:

Michael Edwards
Name of Person

Firm/Company

56329 Maple Rd
Address

Astor, FL 32102
City/State and Zip Code

mmedwards5@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Edwards at (386) 748-1766
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

River Country Grocers 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:

56329 Maple Rd
Astor, FL 32102

56329 Maple Rd
Astor, FL 32102

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:

Michael Edwards

Name

56329 Maple Rd

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

Astor

City

FL 32102

Zip

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TALLAHASSEE, FLORIDA

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)

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:

Michael Edwards

56329 Maple Rd

Astor, FL 32102

Rachel Anderson

56329 Maple Rd

Astor, FL 32102

16 FEB 16 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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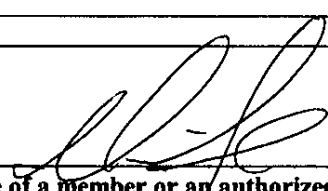
(Use attachment if necessary)

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.)

Michael Edwards

Typed or printed name of signee

MICHAEL S. EDWARDS

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)