

L16000219755

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000297041 3)))



H160002970413ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

FILED
16 DEC -5 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
A.S. FORD HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

N. SAMS
DEC 06 2016

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A.S. FORD HOLDINGS 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:4986 ANDROS DRIVE
NAPLES, FL 34113Mailing Address:4986 ANDROS DRIVE
NAPLES, FL 34113

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:

BENJAMIN FORD

Name

115000 FENWAY SOUTH DRIVEFlorida street address (P.O. Box NOT acceptable)FORT MYERSFL33913

City

State

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.

X Benjamin Ford

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
16 DEC -5 AM 8:56
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:

ANDREW FORD

3003 NEW CASTLE ROAD

MARION, IA 53202

AMBR

SHANNON E. FORD

3003 NEW CASTLE ROAD

MARION, IA 53202

AMBR

SYDNEY FORD

3003 NEW CASTLE ROAD

MARION, IA 53202

AMBR

LATNEY FORD

3003 NEW CASTLE ROAD

MARION, IA 53202

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes.
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.817.135, F.S.

Andrew Ford

Typed or printed name of signer

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)

ARTICLE IV -

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR _____

GRADY ROSS
3005 NEW CASTLE ROAD
MARION, IA 52302

AMBR _____

MACKINLEY ROSS
3005 NEW CASTLE ROAD
MARION, IA 52302

AMBR _____

PHOEBE FORD *st*
3005 NEW CASTLE ROAD
MARION, IA 52302

AMBR _____

RIDGE FORD
3005 NEW CASTLE ROAD
MARION, IA 52302

AMBR _____

QUINCY FORD
3005 NEW CASTLE ROAD
MARION, IA 52302

AMBR _____

MURPHY FORD
3005 NEW CASTLE ROAD
MARION, IA 52302