

L17000008858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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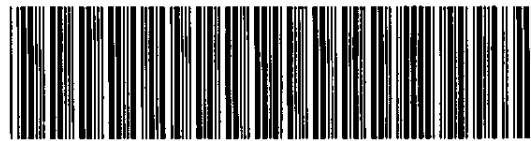
(Business Entity Name)

(Document Number)

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2017 JAN 12 PM 3:07  
TALLAHASSEE, FLORIDA

V HERRING

JAN 13 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EXECUTIVE CHARIOTS "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 Erwyn Adams  
Name of Person

EXECUTIVE CHARIOTS  
Firm/Company

1131 S.W. U.S. Hwy. 27  
Address

FORT WHITE, FLA. 32038  
City/State and Zip Code

Bob AND Cissy @ Windstream . Net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert E. Adams at ( 386 ) 454-1912  
Name of Person 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  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing 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:

EXECUTIVE CHARIOTS "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:

1131 SW US Hwy. 27  
FORT WHITE, FLA.  
32038

Mailing Address:

1131 SW U.S. Hwy 27  
FORT WHITE, FLA.  
32038

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 E. ADAMS  
Name

1002 S.W. Bussey GLN.  
Florida street address (P.O. Box **NOT** acceptable)

FORT WHITE, Fla. 32038  
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.

Robert E. Adams  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

2017 JAN 12 PM 3:08

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

Robert E. Adams  
1002 SW BUSSEY GLN.  
FORT WHITE, FLA 32038

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MANAGER

AMBR

Audrey V. Moxley  
1002 SW BUSSEY GLN.  
FORT WHITE, FLA 32038

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Jan 15 - 2017 (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.

NONE

**REQUIRED SIGNATURE:**

Robert E. Adams

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.817.155, F.S.

Robert E. Adams

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)