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COVER LETTER

	wision of Corporations			
SUBJECT	Scottish Trader LLC			
SUBJECT		me of Limited Liabil	ity Company	
The enclose	ed Articles of Organization and	I fee(s) are submitted	l for filing.	
Please retur	rn all correspondence concerni	ng this matter to the	following:	
	William E. Dewar			
		Name of	Person	
		Firm/Co	ompany	
	625 West Keene Road			
		Add	ress	
	Apopka, Florida 32703			
	pstein@dewarnurseries.com	City/State a	nd Zip Code	
	<u> </u>	to be used for future	annual report notificati	on)
For further i	nformation concerning this ma	tter, please call:		
	William E. Dewar	407 at (886-1188	. <u></u>
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is	s a check for the following amo	ount:		
\$125.00 F	iling Fec \$130.00 Filing Certificate of		00 Filing Fee & [fied Copy nal copy is enclosed)	\$160.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Scottish Trader LLC			
(Must con-	tain the words "Limited Lia	bility Company, "l	L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	ddress of the principal offic	ce of the Limited L	iability Company is:
<u>Princi</u>	oal Office Address:		Mailing Address:
625 West Keene Ro	ad		est Keene Road
The Limited Liability Compan	ent, Registered Office, & y cannot serve as its own Re	Registered Agent	's Signature: ou must designate an individual
ARTICLE III - Registered Ag The Limited Liability Company another business entity with an	ent, Registered Office, & y cannot serve as its own Re active Florida registration.)	Registered Agent egistered Agent. Yo	
ARTICLE III - Registered Ag The Limited Liability Company another business entity with an	ent, Registered Office, & y cannot serve as its own Re active Florida registration.)	Registered Agent egistered Agent. Yo	's Signature:
ARTICLE III - Registered Ag The Limited Liability Company another business entity with an	gent, Registered Office, & y cannot serve as its own Reactive Florida registration.) address of the registered as William E. Dewar	Registered Agent egistered Agent. Yo	's Signature:
ARTICLE III - Registered Ag	gent, Registered Office, & y cannot serve as its own Reactive Florida registration.) address of the registered as William E. Dewar	Registered Agent egistered Agent. Yo) gent are:	's Signature:
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	gent, Registered Office, & y cannot serve as its own Reactive Florida registration.) address of the registered ag William E. Dewar	Registered Agent egistered Agent. Yo) gent are:	's Signature: ou must designate an individual
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	gent, Registered Office, & y cannot serve as its own Reactive Florida registration.) address of the registered as William E. Dewar	Registered Agent egistered Agent. Yo) gent are:	's Signature: ou must designate an individual

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)

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SECKE LANY OF STATE
TALLAHASSEE FLORIDA

"AMBR" = Authorized Member "MGR" = Manager AMBR	William F., Dewar 625 West Keene Road Apopka, Florida 32703	
	625 West Keene Road Apopka, Florida 32703	
	625 West Keene Road Apopka, Florida 32703	
(Use attachment if necessary)		
LE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Signature of a member This document is executed in a I am aware that any false infor	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida S mation submitted in a document to the Department y as provided for in s.817.155. F.S.	
Signature of a member This document is executed in a I am aware that any false infort constitutes a third degree felon	accordance with section 605.0203 (1) (b). Florida S mation submitted in a document to the Department	
Signature of a member This document is executed in a l am aware that any false infort constitutes a third degree felon William E. Dewar	accordance with section 605.0203 (1) (b). Florida S mation submitted in a document to the Department y as provided for in s.817.155. F.S.	of State
Signature of a member This document is executed in a l am aware that any false infort constitutes a third degree felon William E. Dewar	accordance with section 605.0203 (1) (b). Florida S mation submitted in a document to the Department y as provided for in s.817.155. F.S.	of State
Signature of a member This document is executed in a I am aware that any false infort constitutes a third degree felon William E. Dewar Typ	accordance with section 605.0203 (1) (b). Florida S mation submitted in a document to the Department y as provided for in s.817.155. F.S. ed or printed name of signee Filing Fees:	of State
Signature of a member This document is executed in a l am aware that any false infort constitutes a third degree felon William E. Dewar	accordance with section 605.0203 (1) (b). Florida S mation submitted in a document to the Department y as provided for in s.817.155. F.S. ed or printed name of signee Filing Fees:	of State
Signature of a member This document is executed in a I am aware that any false infort constitutes a third degree felon William E. Dewar Typ \$125.00 Filing Fee for Articles of Organiza	accordance with section 605.0203 (1) (b). Florida S mation submitted in a document to the Department y as provided for in s.817.155. F.S. ed or printed name of signee Filing Fees:	of State