

L19000028101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

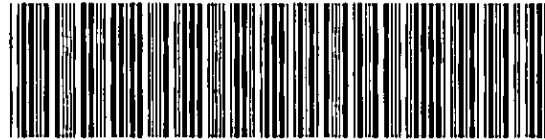
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

K. PAGE

FEB - 4 2019



600323778596

01/28/19--01094--0.3 **160.100

19 JAN 28 PM 2:56
STATE
RECEIVED

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Hammock Hay Company, 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:

Douglas K. McKoy

Name of Person

Law Office of Douglas K. McKoy, P. A.

Firm/Company

302 N. Main St., Suite B

Address

Trenton, FL 32693

City/State and Zip Code

doug@chiefandlegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas K. McKoy

352

490-4488

at ()

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

DOUGLAS K. McKOY
Law Office of Douglas K. McKoy, P.A.
302 N. Main St., Suite B, Trenton, FL 32693
(352) 490-4488
FAX (352) 463-0773
doug@chiefandlegal.com

January 23, 2019

New Filing Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

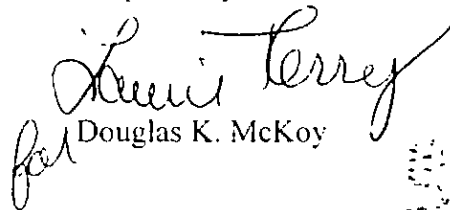
RE: Hammock Hay Company, LLC

Dear Clerk;

Please find enclosed the original Articles of Organization together with my Trust Check (#1047) in the amount of \$160.00 to cover the required filing fees.

Please provide my office with the certificate of status and certified copy at your earliest convenience. Should you have any questions, comments or concerns, please do not hesitate to contact my office.

Respectfully,


Douglas K. McKoy

DKM/lat
Enclosures

19 JAN 28 PM 2:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hammock Hay Company, LLC.

(Must contain 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:

6084 NE 87th Ave.

Bronson, FL 32621

6084 NE 87th Ave.

Bronson, FL 32621

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:

Douglas K. McKoy

Name

302 N. Main St., Suite B

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

Trenton

FL

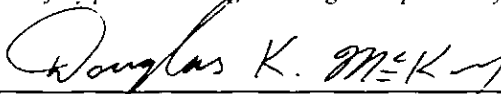
32693

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 JAN 28 PM 2:56
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

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

Name and Address:

James Surles, Jr.
6084 NE 87th Ave.
Bronson, FL 32621

AMBR

Jennifer Surles
6084 NE 87th Ave.
Bronson, FL 32621

(Use attachment if necessary)

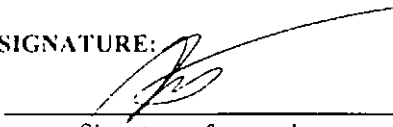
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

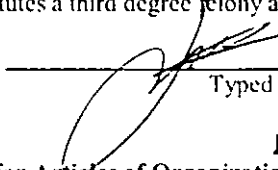
ARTICLE VI: Other provisions, if any.

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.817.155, F.S.


James Surles

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)

19 JAN 28 PM 2:55
STATE OF FLORIDA
DEPARTMENT OF STATE