

Wm

L20000134327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

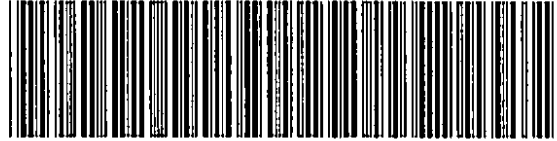
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/15/20--01010--009 **155.00

2020 MAY 15 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



Mailing Address: P.O. Box 4440 • Ocala, FL 34478
Phone: (352) 789-6520 • Fax: (352) 789-6570 • www.SHMfla.com

May 6, 2020

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

RE: This, That N' Eggs, LLC

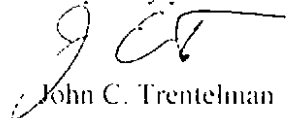
Dear Sirs:

Enclosed are the original and a copy of the Articles of Organization for the above named LLC.
Also enclosed is our check for \$155.00 for the filing fee and a certified copy.

Please process this and mail me the certified copy.

Thank you and please contact me if there are any questions.

Very truly yours,



John C. Trentelman

JCT

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STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THIS, THAT N' EGGS, 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:

JOHN C. TRENTELMAN

Name of Person

SCHATT MCGRAW RAUBA MUTARELLI, ATTORNEYS

Firm/Company

328 NE 1ST AVE, STE. 100

Address

OCALA, FL 34470

City/State and Zip Code

atenrich@aol.com

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

For further information concerning this matter, please call:

John C. Trentelman 352 789-6520
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" 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

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
DIVISION OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THIS, THAT N' EGGS, 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:

10461 NW Gainesville Rd.
Ocala, FL 34482

Mailing Address:

10461 NW Gainesville Rd.
Ocala, FL 34482

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:

RICHARD E. ATEN, JR.

Name

6055 NW 125th St. Rd.

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

Reddick

FL

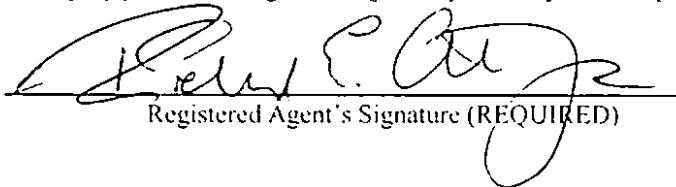
32686

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)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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

Richard E. Aten, Jr.
6055 NW 125th St. Rd.
Reddick, FL 32686

AMBR

Melanie G. Aten
6055 NW 125th St. Rd.
Reddick, FL 32686

(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.

RICHARD E. ATEN, JR.

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)

DEPARTMENT OF STATE
TALLAHASSEE, FL

2020 MAY 15 PM 4:20

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