## Electronic Articles of Organization For Florida Limited Liability Company

L21000107417 FILED 8:00 AM March 05, 2021 Sec. Of State jsdennis

### **Article I**

The name of the Limited Liability Company is: OCALA TRACTOR INSURANCE LLC

#### **Article II**

The street address of the principal office of the Limited Liability Company is:

514 SW 2ND AVE OCALA, FL. US 34471

The mailing address of the Limited Liability Company is:

514 SW 2ND AVE OCALA, FL. US 34471

#### **Article III**

The name and Florida street address of the registered agent is:

TERREL L HOOD 514 SW 2ND AVE OCALA, FL. 34471

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.

Registered Agent Signature: TERREL L HOOD

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR TERREL L HOOD 514 SW 2ND AVE OCALA, FL. 34471 US

Title: AMBR STEVEN SPIVEY 514 SW 2ND AVE OCALA, FL. 34471 US

Title: VP THOMAS C FARROW 3904 NE CADBURY AVE BENTONVILLE, AR. 72712 US

# Article V

The effective date for this Limited Liability Company shall be:

03/04/2021

Signature of member or an authorized representative

Electronic Signature: TERREL HOOD

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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