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(City/State/Zip/Phone #)

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21 AUG -9 PM 12:43  
TALLAHASSEE, FLORIDA

D O'KEEFE  
AUG 17 2021

## COVER LETTER

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

**SUBJECT:** FARMERS AUTOMOTIVE, 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:

JAMES ROBAUS

\_\_\_\_\_  
Name of Person

TH GIFT HUNTERS

\_\_\_\_\_  
Firm/Company

2230 CRANE LAKES BLVD

\_\_\_\_\_  
Address

PORT ORANGE, FLORIDA 32128

\_\_\_\_\_  
City/State and Zip Code

jrrobaus@gmail.com

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

For further information concerning this matter, please call:

JAMES A ROBAUS

386

767-5447

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FARMERS AUTOMOTIVE, 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:

ROBERT G. ALKIRE

Mailing Address:

1039 PALM VIEW DRIVE

SOUTH DAYTONA, FLORIDA 32117

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:

JAMES A ROBAUS

Name

2230 CRANE LAKES BLVD

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

PORT ORANGE,

FL

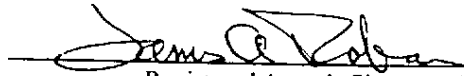
32128

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)

21 AUG -9 PM 12:43  
TALLAHASSEE, FLORIDA

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

MANAGER

ROBERT G. ALKIRE  
1039 PALM VIEW DRIVE  
SOUTH DAYTONA, FLORIDA 32119

NONE

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**  
**\$ 30.00 Certified Copy (Optional)**  
**\$ 5.00 Certificate of Status (Optional)**