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| (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: |
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COVER LETTER

| TO: | New Filing Sec Division of Cor | | | | |
|---|-----------------------------------|---|----------------------|--|--|
| SUBJE | | REAL ESTATE INV | ESTMENTS I | II, LLC | |
| 30 Da L | | Name | of Limited Lia | bility Company | |
| The end | closed Articles of | Organization and fe | e(s) are submit | ted for filing. | |
| Please r | return all correspo | ondence concerning | this matter to the | ne following: | |
| | TANNER R | OACH | | | |
| | | | Name | of Person | _ |
| | AG PRO CC |)MPANIES | | | |
| | | | Firm | /Company | |
| | P.O. BOX 95 | 5 | | | |
| | | | A | ddress | |
| | Boston, GA | 31626 | | | |
| | h @ | | City/State | and Zip Code | |
| | troach@agpro | | e used for futu | re annual report notifica | tion) |
| Fan Goat | | | | re annual report notinea | aton) |
| ror turtiti | ст штогнацоп со: | ncerning this matter, | piease caii: | | |
| | Tanner Roach | 1 | 229 _at (| 226-0509) | |
| | Nam | e of Person | Area Code | Daytime Telepho | ne Number |
| Enclose | d is a check for the | ne following amount | : | | |
| □\$125 | .00 Filing Fee | ■\$130.00 Filing Certificate of Stat | us Cer | 1155.00 Filing Fee & tified Copy ional copy is enclosed) | □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | g Address | | Street Address New Filing Section I | Sindul— |
| New Filing Section Division of Corporations | | | The Centre of Tallah | | |
| | | ox 6327 assee, FL 32314 | | 2415 N. Monroe Stra Taliahassee, FL 323 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE | I - Name: | : |
|---------|-----------|---|
| | | |

The name of the Limited Liability Company is:

AG-PRO REAL ESTATE INVESTMENTS III, 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: |
|---------------------------|------------------|
| 19595 U.S. Hwy, 84 E. | P.O. Box 95 |
| Boston, GA 31626 | Boston, GA 31626 |
| | |

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 M. Groover, Jr. | | | |
|-----------------------|-----------------------------------|---------------|--|
| | Name | · | |
| 16130 Duck Away I | Rd | | |
| Florida street addre | ss (P.O. Box <u>NOT</u> ac | cceptable) | |
| Tallahassee | FL | 32309 | |
| 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)



ARTICLE IV-

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

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| <u>MGR</u> | James M. Groover, Jr. |
| | 19393 U.S. MWV 84 E. |
| | Boston, GA 31626 |
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| (Use attachment if necessary) | |
| If an effective date is listed, the date must be since the date of filing.) Note: If the date inserted in this block does no | specific and cannot be more than five business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed a |
| the document's effective date on the Departmen | nt of State's records. |
| ARTICLE VI: Other provisions, if any. N/A | |
| | |
| | |
| | 700 M |
| REQUIRED SIGNATURE: | |
| | |
| | |
| Signature of a 1 | member or an authorized representative of a member |
| This document is ever | member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. |
| I am aware that any fa | Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. |
| constitutes a time deg | rec felony as provided for fit \$.817.133, F.S. |
| James M. Groo | Typed or printed name of signee |
| | Typed or printed name of signee |
| | Filing Fees: |
| 0.5500 577 57 6 4 4 4 4 6 6 | Thing Tees. |

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