

L22000 171304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

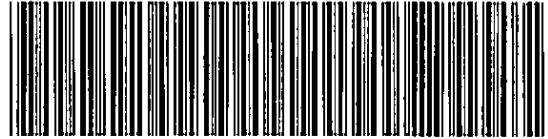
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

T. SCOTT

APR 26 2022



900385124989

04/07/22 09021-010 *160.00

22 APR -7 11:12 AM
APR 7 2022

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRI-County Property Management
Name of Limited Liability Company
Tractor Mowing Service LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rufus M Taylor
Name of Person

TRI-County Property Management LLC.
Firm/Company
Mowing Service

982 NE Double Run Rd.
Address

LAKE CITY FLORIDA 32055
City/State and Zip Code

taylor32055@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rufus M Taylor at (386) 365-3613
Name of Person 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 type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRI-County Property Management ~~LLC~~ Mowing Service LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ~~Tractor~~

ARTICLE II - Address:

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

Principal Office Address:

982 NE Double Run Rd.
LAKE CITY FLORIDA
32055

Mailing Address:

982 NE Double Run Rd.
LAKE CITY FLORIDA
32055

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:

Rufus M TAYLOR
Name

982 NE Double Run Rd.
Florida street address (P.O. Box **NOT** acceptable)
LAKE CITY FLORIDA 32055
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.

Rufus M Taylor
Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 Nov -7 PM 01:49

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Rufus m TAYLOR
982 NE Double Run Rd.
LAKE CITY FLORIDA 32055

Robyn R TAYLOR
982 NE Double Run Rd.
LAKE CITY FLORIDA 32055

(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:

Rufus m Taylor

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.

Rufus m TAYLOR

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)