

L22000318 177

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

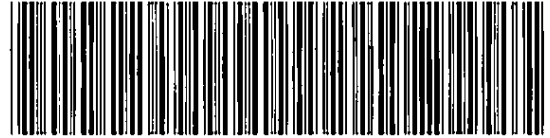
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400389968114

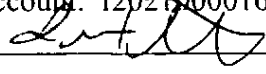
S. CHATHAM  
JUL 20 2022

RECEIVED  
2022 JUL 19 PM 3:50  
ALLAHASSEE, FL

22 JUL 19 PM 3:59

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please sue funds from the account: 120210000160, AMOUNT:    \$125.00   

Authorized Signature:   
LoKey Ranch LLC

Business

Document #

    Walk in

    Pick up time       

    Mail out

    Will wait

    Photocopy

    **Certified Copy of Articles of Organization**

    **Certificate of Status**

**NEW FILINGS**

    Profit

    Not for Profit

  X   Limited Liability

    Domestication

    Other

    **CORP**

**OTHER FILINGS**

    Annual Report

    Fictitious Name

    APOSTILLE ()

Country

**EXAMINER'S INITIALS:**           

**AMMENDMENTS**

    Amendment

    Resignation of R.A. Officer/Director

    Change of Registered Agent

    Dissolution/Withdrawal

    Merger

    **Conversion**

    **Revocation**

**REGISTRATION/QUALIFICATIONS**

    Foreign filing

    Limited Partnership


    Reinstatement

    Other

22 JUL 19 PM 3:50  
Filing  
Office

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please sue funds from the account: 120210000160, AMOUNT: \$125.00

Authorized Signature:   
LoKey Ranch LLC

Business

Document #

☐ Walk in

☐ Pick up time       

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy of Articles of Organization**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE ()

Country

EXAMINER'S INITIALS:                     

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ **Conversion**

☐ **Revocation**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

22 JUL 19 PM 3:50  
RECEIVED  
FBI  
TALLAHASSEE, FL

**COVER LETTER**

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

**SUBJECT:** LoKey Ranch 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:

Patrick Halvarson

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

LoKey Ranch LLC

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

8695 College Pkwy., Suite 100

\_\_\_\_\_  
Address

Fort Myers, Florida, 33919

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

PHalvarson@finemarkbank.com

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

For further information concerning this matter, please call:

Lura Barua

888

650-3738

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:

LoKey Ranch 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:

2550 Charlie Thomas Rd  
Cornersville, TN 37047

Mailing Address:

2550 Charlie Thomas Rd  
Cornersville, TN 37047

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:

Patrick Halvarson

Name

8695 College Pkwy., Suite 100

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

Fort Myers

Florida

33919

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..*

Patrick Halvarson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 JUL 19 PM 3:56

**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

**Name and Address:**

William A. Bloomhall, III

2550 Charlie Thomas Rd  
Cornersville, TN 37047

(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.

William A. Bloomhall, III

Typed or printed name of signer

**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)

22 JUL 19 PM 3:56  
RECEIVED  
FILING  
CLERK