L23000107827

(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:





400403901104

WILLAMASSEE, Inch.

2023 MAR -8 PH 1: 35

2023 MAR -8 AH 10: 36

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/08/2023	-		~WALK IN
ENTITY NAME B Jolly	Ag Services LLC		
OOCUMENT NUMBER_			
	PLEASE FILE 1	THE ATTACHED AND RETURN	
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Ar Certificate of Good S		
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$125		ACCOUNT #: I2016000007	<u> </u>
		S R FM	
Plance call Time at 1	the above number kor	any issues or concerns. Thank you s	ro much!

COVER LETTER

то:	New Filing Section of Cor					
eno ir		Services, LLC				
SUBJE	CI:	Name of	Limit	ed Liabili	y Company	
The enc	losed Articles of	Organization and fec(s) are s	ubmitted	for filing.	
Please r	eturn all correspo	ndence concerning this	matte	er to the fo	ollowing:	
	William R. Jo	olly				
				Name of	Person	
				Firm/Co	mpany	
	1608 NW 7tl	n Avenue				
				Addr	2\$\$	
	Okeechobee					
	Okeechobee I	L 34972	City	y/State an	d Zip Code	
		E-mail address: (to be u	us e d fo	or future a	nnual report notificati	on)
For furth	er information co	ncerning this matter, p	leas e c	:all:		
	William R. Jo		86 3		634-9594	
	Nam	e of Person			Daytime Telephon	e Number
Enclose	ed is a ch ec k for t	he following amount:				
■\$ 12:	5.00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	5	Certifi	5,00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address			Street Address New Filing Section D	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

B Jolly Ag Service	s, LLC				
(Must co	ntain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited	Liability Company is:		
Princ	ipal Office Address:		Mailing Address:		
1608 NW 7th Aver	nue	160	8 NW 7th Avenue		
Okecchobee FL 34	972	<u>Oke</u>	echobee FL 34972	^ ~:	
ARTICLE III - Registered A	gent, Registered Office,	& Registered Age	nt's Signature:	2023 HA	# in 1
ARTICLE III - Registered A	gent, Registered Office, ny cannot serve as its own n active Florida registratio	& Registered Age a Registered Agent.	7-1	2023 HAR -8 PH 1:	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registered	& Registered Age a Registered Agent.	nt's Signature: You must designate an individual or	PH I:	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registered	& Registered Agent. on.) d agent are:	nt's Signature:	PH	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	egent, Registered Office, ny cannot serve as its own n active Florida registration ct address of the registered William R. Jolly	& Registered Agent. on.) d agent are: Name	nt's Signature: You must designate an individual or	PH I:	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	egent, Registered Office, ny cannot serve as its own n active Florida registration address of the registered William R. Jolly	& Registered Agent. on.) d agent are: Name	nt's Signature: You must designate an individual or	PH I:	

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..

(CONTINUED)

Registered Agenvs Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member	Г
"MGR" = Manager	
AMBR	William R. Jolly
	Okeechobee FL 34972
	ON CONTRACT OF THE CONTRACT OF
MGR	Stacev A. Barton
NOR	1608 NW 7th Avenue
	Okeechobee FL 34972
	-7
	A CO
	<u></u>
	100 mg
	<u>و ترنیا</u>
	<u> </u>
(Use attachment if necessary)	35
iment's effective date on the Dep	loes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
LE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	n della
This document I am aware that	re of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State ird degree felony as provided for in s.817.155, F.S.
_wil	Typed or printed name of signee
	A L

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-