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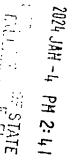
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W2400019329

Office Use Only



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01/04/24==01004==016 **160.00



COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	The County Messenger LLC
	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	James Brooks
	Name of Person
	The County Messenger
	Firm/Company
	3379 Acy Road
	Address
	Vernon Florida 32462
	City/State and Zip Code brookjb3429@gmail.com
For further in	E-mail address: (to be used for future annual report notification) formation concerning this matter, please call:
	James Brooks 850 628-1791
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
□\$125.00 F	
	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

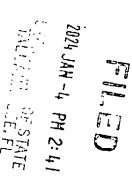
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:		
The County Messe			
(Must co	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal of	office of the Limited	Liability Company is:
Princ	cipal Office Address:		Mailing Address:
P.O. Box 985 Chipley, Fl. 32428 ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registration	& Registered Agent. Non.)	Box 985 ley, Fl. 32428 t's Signature: You must designate an individual or
The hand the Florida gire	-	a agoin are.	
	James Brooks	Name	
	3379 Acy Road Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
	Vernon	Fl	32462
	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:		
"AMBR" = Authorized Member "MGR" = Manager		
-		
AMBR	James Brook 3379 Acv Road	
	Vernon, Fl. 32462	
		
(Use attachment if necessary)		
ite of filing.)	specific and cannot be more than five business days prior to or 90 da of meet the applicable statutory filing requirements, this date will not be	•
effective date is listed, the date must be state of filing.) If the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 da of meet the applicable statutory filing requirements, this date will not be	•
effective date is listed, the date must be sure of filing.) If the date inserted in this block does not be determined by the date of the Department of the	specific and cannot be more than five business days prior to or 90 da of meet the applicable statutory filing requirements, this date will not be	•
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COVER LETTER

	Filing Section on of Corporations			
TH SUBJECT:	ne County Messenger LLC			
SUBJECT	Nam	e of Limited Liabili	ty Company	
The enclosed A	rticles of Organization and f	ee(s) are submitted	for filing.	
Please return al	l correspondence concerning	this matter to the f	ollowing:	
Jan	nes Brooks			
		Name of	Person	
The	County Messenger			
		Firm/Co	трапу	· · · · · · · · · · · · · · · · · · ·
337	9 Acy Road			
		Addre	ess	
Vei	mon Florida 32462			
	hih 7420@cmail.com	City/State an	d Zip Code	
0000	kjb3429@gmail.com E-mail address: (to	be used for future a	nnual report notificat	ion)
For further inform	mation concerning this matte	r, please call:	·	
Jam	es Brooks	850	628-1791	
	Name of Person	_at (Area Code	Daytime Telephon	ne Number
Enclosed is a cl	heck for the following amou	nt:		
□\$125,00 Fili		g Fee & Sissing Certification	5.00 Filing Fec & ed Copy al 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 D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assec et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	[-	Name:
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The name of the Limited Liability Company is:

The County Messenger LLC.	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	_
II - Address:	

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
Chipley, Fl. 32428	P.O. Box 985 Chipley, Fl. 32428
CIEIU POR PET 32462	Спрісу, г.і. 32428

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:

Name	
ess (P.O. Box NOT a	cceptable)
Fi	32462
State	Zip
	ess (P.O. Box <u>NOT</u> a

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		
AMBR	James Brook	
AMBK	3379 Acv Road	
	Vernon, Fl. 32462	
		
(Use attachment if necessary)	1 .	
the date of filing.) Note: If the date inserted in this block does the document's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be ment of State's records.	
ARTICLE VI: Other provisions, if any.		<u></u>
This document is e. I am aware that any constitutes a third d	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. If also information submitted in a document to the Department of States degree felony as provided for in s.817.155, F.S.	
Jami	es Brooks	الآل.
	Typed or printed name of signee	
		i
\$175 00 Filing Foo for Articles o	Filing Fees: of Organization and Designation of Registered Agent	ñ F]
\$ 30.00 Certified Copy (Option		
\$ 5.00 Certificate of Status (O)	ptional)	
	m N	