

124000151468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

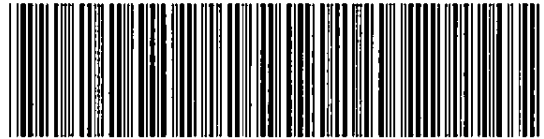
(Document Number)

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

Special Instructions to Filing Officer:

W24000019329

Office Use Only



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01/04/24--01004--016 \*\*160.00

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2024 JAN -4 PM 2:41  
FULTON COUNTY, FL  
CLERK OF STATE

**COVER LETTER**

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

**SUBJECT:** The County Messenger 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:

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

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

For further information concerning this matter, please call:

James Brooks

850

628-1791

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

at (\_\_\_\_\_) \_\_\_\_\_

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

2024 JAN -4 PM 2:41  
RECEIVED  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
STATE

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The County Messenger 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:

P.O. Box 985  
Chipley, Fl. 32428

3379 Acy Rd  
VERNON FL 32462

P.O. Box 985  
Chipley, Fl. 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:

James Brooks

Name

3379 Acy Road

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

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..*

James Brooks

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2024 JAN -4 PM 2:41  
CLERK OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

James Brook

3379 Acv Road

Vernon, Fl. 32462

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~12/1/2023~~ 1/1/24 (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.

James Brooks

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)

2024 JAN -4 PM 2:41  
DEPT. OF STATE  
TALLAHASSEE, FL

FILED

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

Name of Limited Liability Company

**Please return all correspondence concerning this matter to the following:**

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

Daytime Telephone Number

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

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2024 JAN -4 PM 2:41  
CLERK OF DISTRICT COURT  
STATE OF TEXAS  
0

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Chipley, FL 32428

3379 Acy Rd

P.O. Box 985  
Chipley, FL 32428

Vernon, FL 32462

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

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FL

32462

City

State

Zip

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James Brooks

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2024 JUN -4 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

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"MGR" = Manager

**Name and Address:**

AMBR

James Brook  
3379 Acv Road  
Vernon, FL 32462

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(Use attachment if necessary)

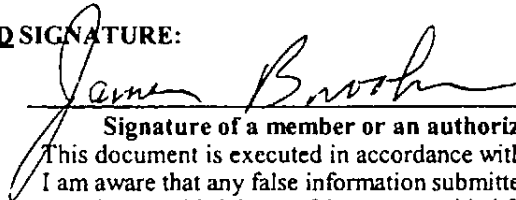
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James Brooks

Typed or printed name of signee

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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

FILED