M09000003929

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

G. MOLEOD

OCT - 5 2009

EXAMINER



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08/14/09--01004--021 **130.00

Only Agent

OP OCT -2 PM 2: 36

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	A & U Ranch, LLC	
	Name of Limited Liability Company	
The en	iclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nice, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
Please	return all correspondence concerning this matter to the following:	
	Cory R. Lancaster	
	Name of Person	
Holland, Ray, Upchurch & Hillen, P.A. Firm/Company 322 Jefferson Street (38804) - P.O. Drawer 409 Address Tupelo, MS 38802-0409 City/State and Zip Code crl@hruhpa.com		
	Firm/Company	
	322 Jefferson Street (38804) - P.O. Drawer 409	
	City/State and Zip Code	
	crl@hruhpa.com	
	E-mail address: (to be used for future annual report notification)	
For fu	ther information concerning this matter, please call:	
	Cory R. Lancaster at (662) 842-1721	
	Name of Person Area Code & Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclo	sed is a check for the following amount: \$\sum_{125.00 \text{ Filing Fee}} \sum_{130.00 \text{ Filing Fee}} \text{ \$\sum_{155.00 \text{ Filing Fee}} \text{ \$\sum_{160.00 \text{ Filing Fee}}, Certificate}	
	Certificate of Status Certified Copy of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.41	VILLED ELABRELLI COMPANTI TO TRANSACT BUSHVESS IN THE	STATE OF FLORIDA;					
1.	(Name of Foreign Limited Liability Company; must include	nch, LLC					
(7.6	N/A						
CO	name unavailable, enter alternate name adopted for the purpose isent of the managers or managing members adopting the alternapany," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability"					
2.	Wyoming 3.	2009-000573143					
(Wyoming [Jurisdiction under the law of which foreign limited liability company is organized] 3.	(FEI number, if applicable)					
4.	08/06/2009 5.	Perpetual (Duration: Year limited liability company will cease to					
	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")					
6.	N/A						
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)						
7.	924 S. Fletcher Avenue						
	Fernandina Beach, FL 32304	SECTISTO 0					
		f Principal Office)					
8.	If limited liability company is a manager-managed c	ompany, check here					
9.	9. The name and usual business addresses of the managing members or managers are as follows:						
	Melvin & Eleyce Usery						
	924 S. Fletcher Avenue						
	Fernandina Beach, FL 32304						
thej	Attached is an original certificate of existence, no more than 90 day unisdiction under the law of which it is organized. (A photocopy is slation of the certificate under oath of the translator must be submit						
11.	Nature of business or purposes to be conducted or p	promoted in Florida: Timber farming					
-	Con R.	Lucat					
	Signature of a member or an author (In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury						
	Cory R. L						

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:				
A & U	Ranch, LLC			
If unavailable, the alternate to be used in the s	ate of Florida is:			
	N/A			
2. The name and the Florida street address of the registered agent and office are:				
EI	eyce Usery			
(Name)				
924 S. Fletcher Avenue				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Fernandina B	each, FL 3230 City/State/Zip	4 ·		
	· •			

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 608, Florida Statutes.



\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

A & U Ranch, LLC

is a **Limited Liability Company**

formed or qualified under the laws of Wyoming did on August 6, 2009, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2009-000573143.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of August, 2009 at 8:42 AM. This certificate is assigned 005812522.



May Massiello Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.