

Division of Corporations  
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**W400015451**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : HUECO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

L-10's Tractor Service, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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*[Signature]*

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H04000042276

ARTICLE I - Name

The name of the Limited Liability Company is: **L-10's Tractor Service, LLC**

ARTICLE II - Address

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

Principal Office Address:

606 Hanley Downs Dr

Cantonment, FL 32533

Mailing Address:

P.O. Box 359

Cantonment, FL 32533

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ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Katherine D. Clark

Name

606 Hanley Downs Drive

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Cantonment, FL 32533

(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 608, F.S.*

X

Katherine D Clark

Registered Agent's Signature - Katherine D. Clark

ARTICLE IV - Manager(s) or Managing Member(s): H04000042276

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Katherine D. Clark - 606 Hanley Downs Drive, Cantonment, FL 32533

MGR

James Licharowicz - 445 Casey Lane, Cantonment, FL 32533

(Use attachment if necessary)

REQUIRED SIGNATURE:

X Katherine D Clark  
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Katherine D. Clark

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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