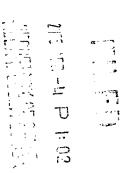
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## TRANSMITTAL LETTER

	ion Section of Corporations			
SUBJECT:	HAMMOND	TRUCKING	LIMITED LIABILITY	COMPANY
SCHOLCI.		(Name of Limited	l Liability Company)	
The enclosed Arti	cles of Organization	on and fee(s) are so	abmitted for filing.	
Please return all c	orrespondence cor	ncerning this matte	r to the following:	
<u></u>	E. Alla			
		(1	Name of Person)	
	Ramey &	Bytell At	torneys	
		(1	Firm/Company)	
	1250 Ci	rcle Drive	:	
1			(Address)	
	DeFunia	k Springs,	FL 32435 State and Zip Code)	
			•	
For further inform	nation concerning	this matter, please	call:	
E. Allar	Ramey (Name of Person)		at (850) 892-22 (Area Code & Daytime Te	
<b>~</b>				
	eck for the follow	_		
\$125.00 Filing		00 Filing Fee & te of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	STREET ADDRI Registration Section		MAILING A Registration S	DDRESS:
	Division of Corpo 409 E. Gaines Stro Tallahassee, Flori	rations eet	Division of Co P.O. Box 6327 Tallahassee, F	orporations 7
				02

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

 name of the	Limited Liabi	lity Company	y is:
 HAMMOND	TRUCKING	LIMITED	LI

TIMMMOND	TRUCKING	T.TMTTED	LIABILITY	COMPANY
HAIMING AND	LRUCALING			

#### **ARTICLE II - Address:**

Principal Office Address:

32433

ADDITION OF MARKET

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

**Mailing Address:** 

32435

644 Shoemaker Drive	Post Office Box 423
DeFuniak Springs, FL	DeFuniak Springs, FL

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

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

Emory S. Hammond Name 644 Shoemaker Drive Florida street address (P.O. Box NOT acceptable) 32435 DeFuniak Springs FL City, State, and 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..

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	Emory S. Hammond
	Post Office Box 423
	DeFuniak Springs, FL 32435
	<del>-1 /</del>
(Use attachment if necessary)	)
NOTE: An additional artic	le must be added if an effective date is requested.
REQUIRED SIGNATURE:	:
<i>,</i>	
mara	15. Hammond
	a member or an authorized representative of a member.
(In accordance of this document	be with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury its stated herein are true.)
F	Emory S. Hammond
	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)

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