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(Re	equestor's Name)		
(Ad	dress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	. MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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MAY 14 2012

EXAMINER



100234893871

05/10/12--01019--007 **125.00

EFFECTIVE DATE 5 7 2012



COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: Message Trucks LLC
	Name of Limited Liability Company EFFECTIVE DATE 5 720
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	turn all correspondence concerning this matter to the following: Bernard B Red
_	Name of Person
	N/A
	Name of Person N/A Firm/Company
	1658 Grandeflora Ave
	Address
	Clermont, Fl 34711
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
Can Cantha	
ror furme	er information concerning this matter, please call:
	Bernard Reid at (407) 595-4146
	Name of Person Area Code & Daytime Telephone Number
Enclosed	d is a check for the following amount:
/	Filing Fee \$\infty\$130.00 Filing Fee & \$\infty\$\$\$\$\$\$ \$155.00 Filing Fee & \$\infty\$
71.00	Certificate of Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street/Courier Address
	Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE 5 7 2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liebility Company is:				
The name of the Limited Liability Company is:				
Message Trucks LLC				
(Must end with 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:				
1658 Grandeflora Ave Clermont, FL 34711 Clermont, FI 34711				
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 Reid				
Florida street address (P.O. Box NOT acceptable)				
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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 Member	Name and Address:
MGR_	Bernard Red 1658 Grandeflorg Ave Clermont, F1 34711
MORM	Norman Reid 249 Pima Trail Groveland, Fl 34736
(Use attachment if necessary) ARTICLE V: Effective date, if other than the lift an effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: 5/7/2017 (OPTIONAL) se specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
do	roman Lie
Signature of a member	er or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
No	yped or printed name of signee
Ty	yped 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)