

L12000064633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

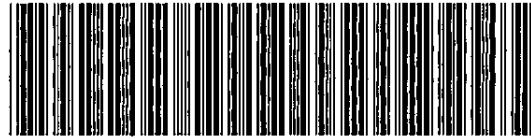
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



100234893871

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

EFFECTIVE DATE

5/7/2012

12 MAY 10 PM 1:58
STATE BAR OF CALIFORNIA
DIVISION OF CONSUMER AFFAIRS

Office Use Only

B. KOHR

MAY 14 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Message Trucks LLC
Name of Limited Liability Company

EFFECTIVE DATE 5/7/2012

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bernard B Reid
Name of Person

N/A
Firm/Company

1658 Grandeflora Ave
Address

Clermont, FL 34711
City/State and Zip Code

normanreid1@hotmail.com
E-mail address: (to be used for future annual report notification)

12 MAY 10 PM 1:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bernard Reid at (407) 595-4146
Name of Person 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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
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 Liability Company is:

Message Trucks LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

12 MAY 10 PM 5:58
STATE OF FLORIDA
DEPARTMENT OF REVENUE
CORPORATION DIVISION

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

1658 Grandeflora Ave
Clermont, FL 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:

Norman Reid
Name

249 Pima Trail
Florida street address (P.O. Box NOT acceptable)

Groveland FL 34736
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..

Norman Reid
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Bernard Reid
1658 Grandeflora Ave
Clermont, FL 34711

MGRM

Norman Reid
249 Pima Trail
Graveland, FL 34736

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/7/2012 (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.)

REQUIRED SIGNATURE:

Norman Reid
Signature of a member or an 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. 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.)

Norman Reid
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)