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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: YZ2 TRUCKING LLC Name of Limite	d Liability Company
The enclosed Articles of Organization and fee(s) are su	ibmitted for filing.
Please return all correspondence concerning this matter	r to the following:
WISE JACKSON JR.	Name of Person
	Firm/Company
2601 BALDWIN DRIVE SOUTH	Address
TALLAHASSEE, FLORIDA 32309 City	State and Zip Code
WJACKSON620@GMAIL.COM F-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please ca	
WISE JACKSON JR. at (850) 556-7153
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 & □\$160.00 Filing Fee. Certified Copy additional copy is enclosed: Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:	
YZ2 TRUCKING		
(Must co	ontain the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal office of the l	Limited Liability Company is:
<u>Princ</u>	ripal Office Address:	Mailing Address:
2601 BALDWIN	DRIVE SOUTH	
TALLAHASSEE	FLORIDA 32309	
ARTICLE III - Registered a (The Limited Liability Companiother business entity with a		ed Agent's Signature: Agent. You must designate an individual or
The name and the Florida stre	et address of the registered agent are:	
	WISE JACKSON JR.	
	Name	
	2601 BALDWIN DR. SOUTH	
	Elopido etroot addroce (P.O. Roy	NOT accentable)

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 605, F.S.

TALLAHASSEE

City

Registered Agent's Signature (REQUIRED)

FLORIDA

State

32309

Zip

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	uthorized Member		
"MGR" = Ma	nager		
AMBR	·	WISE JACKSON JR.	_
		2601 BALDWIN DRIVE SOUTH TALLAHASSEF, FLORIDA 32309	_
		TALLAHASSEL, FLORIDA 32309	_
AMBR		SHALONDA JACKSON	_
		2601 BALDWIN DRIVE SOUTH TALLAHASSEE, FLORIDA 32309	
		TALLAMASSEE, PLOKIDA 32309	
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(Use attachme	ent if necessary)		
	-		
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