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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HUBCO

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _______DUHROADTRUCKING22@GMAIL.COM

2022 APR 19 AM 12: 41

7 C C E I V E D 22 APR 19 PM 4: 54

FLORIDA LIMITED LIABILITY CO.

Duh Road Trucking LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

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ARTICLE I - Name:

H22000141978

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Duh Roa | d Trucking 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 pr | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 7871 Carriage Pointe Drive | 7871 Carriage Pointe Drive |
| Gibsonton, FL 33534 | Gibsonton, FL 33534 |
| | |
| | |
| ARTICLE III - Registered Agent, Registered | |
| | s its own Registered Agent. You must designate an individual or |
| (The Limited Liability Company cannot serve a | s its own Registered Agent. You must designate an individual or |
| (The Limited Liability Company cannot serve a another business entity with an active Florida r | s its own Registered Agent. You must designate an individual or |
| (The Limited Liability Company cannot serve a another business entity with an active Florida r The name and the Florida street address of the r | s its own Registered Agent. You must designate an individual or egistration.) egistered agent are: |
| (The Limited Liability Company cannot serve a another business entity with an active Florida r The name and the Florida street address of the r | s its own Registered Agent. You must designate an individual or egistration.) egistered agent are: |
| (The Limited Liability Company cannot serve a another business entity with an active Florida r The name and the Florida street address of the r Lyon Williamson 7871 Carriage Po | s its own Registered Agent. You must designate an individual or egistration.) egistered agent are: |
| (The Limited Liability Company cannot serve a another business entity with an active Florida r The name and the Florida street address of the r Lyon Williamson 7871 Carriage Po | s its own Registered Agent. You must designate an individual or egistration.) egistered agent are: Name inte Drive |

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..

> C. W. Auguston
> Registered Agent's Signature (REQUIRED) Lyon Williamson

> > (CONTINUED)

Page 1 of 2

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| 7 | Fitle: | Name and Address: | | |
|-------------------------|---|---|----------------|-------|
| | 'AMBR" = Authorized Member | | | |
| "MGR" = Manager AMBR | 'MGR" = Manager AMBR | Lyon Williamson | | |
| | | 7871 Carriage Pointe Drive Gibsonton, FL 33534 | | |
| | AMBR | Tywanna Williamson | | |
| - | , , , , , , , , , , , , , , , , , , , | 7871 Carriage Pointe Drive | | |
| | | Gibsonton, FL 33534 | _ | |
| - | | | | |
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| _ | | | | |
| | | | _ | |
| (| (Use attachment if necessary) | 2 | ZUZZ APR | 3 |
| | • | E E | C 2. | |
| RTICLE | EV: Effective date, if other than the date of | iling: (OPTIONAL) | | , |
| lf an effe he date o | ctive date is listed, the date must be specif f filing.) | ic and cannot be more than five business days prior to c | i An qua | alter |
| | · ········ | ren e | 음 골 | . [|
| RTICLE | E VI: Other provisions, if any. | | or some | |
| | | | <u> </u> | - |
| | | | - - | - |
| | | | | - |
| | REQUIRED SIGNATURE: | | | |
| | Z Wi | 12250A | | |
| | (In accordance with section 605 | er or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this docur r the penalties of perjury that the facts stated herein are tro | | |
| | I am aware that any false infor | nation submitted in a document to the Department of State | e | |
| | constitutes a third degree felon | y as provided for in s.817.155, F.S.) | | |
| | | Lyon Williamson | | |
| | | what or printed name of cirmes | | |

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