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SECRETARY OF STAFF
ALLAHASSEE, FLORIO

TO ACKNOWLEDGE

DEPARTMENT OF STATE OF CORPORATION

COVER LETTER

TO:	Registration S Division of Co		•	
SUBJE	ECT: A and	P Trucking	LLC	
SUBJECT: A and P Trucking LLC (Name of Limited Liability Company)				
	•	•	•	
The end	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	pondence concerning this mat	tter to the following:	
	Wilfred Pr	ieto	·	
			(Name of Person)	-
	- / .		(Firm/Company)	-
	4179 Flat	Creek Rd		. ,
			(Address)	- '
	Chattahoo	ochee, FL 32324		
		(Cir	ity/State and Zip Code)	-
For fur	ther information	concerning this matter, pleas	se call:	
Wilfred Prieto 850 , 509-310		at (850) 509-3101		
	(Nam	e of Person)	(Area Code & Daytime Telephone Number)	
Enclos	sed is a check f	or the following amount:		
7 \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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	,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A and P: Trucking LLC (Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4179 Flat Creek Rd	4179 Flat Creek Rd
CHATTAHOOCHEE, FL 32324	CHATTAHOOCHEE, FL 32324
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Richard J. Abbott	ASSI 1
Florida street address (P.O. Box NOT accentable)	
Tallahassee	FL 32309
City, Sta	tte, and Zip
liability company at the place designated registered agent and agree to act in this capa	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED) Page 1 of 2