· · · · · · · · · · · · · · · · · · ·	
Requester's Name	00018450
10078 Chumuckla Splings Address	<u>Kd.</u>
Jay FL. 32565 (850) City/State/Zip Phone #	) 4/18-ndl
City/State/Zip Phone #	SECOND TO L
	Office Use Only
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
1. And Transport LLC (Corporation Name)	高品 图光
(Corporation Name)	(Document #)
2	
(Corporation Name)	(Document #)
2	7000065637475 -07/23/0201008016
(Corporation Name)	(Document #) ****155.UD ****155.0B
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Contignal Conve
	Certified Copy
☐ Mail out ☐ Will wait	Photocopy — Certificate of Status
NEW FILINGS	AMENDMENTS \$\infty\$ \tag{\tag{\tag{\tag{\tag{\tag{\tag{
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Amendment  Figure 22  Figu
OTHER FILINGS	REGISTRATION/QUALIFICATION 5
Annual Report  CR2E031(7/97)  CR2E031(7/97)	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other
UBAIJAN	Examiner's Initials
CR2E031(7/97)	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		·
ARTICLE I - Name: The name of the Limited	Tiobility Community	
* 0		
Ard Transport LLC		
ARTICLE II - Address: The mailing address and s	street address of the principal office of the Lin	nited Liability Company is:
10078 FISTING 5236		1 SE
ARTICLE III - Register	ed Agent, Registered Office, & Registered	Agent's Signature:
	street address of the registered agent are:	NASSE LE
	Danny Ard	四縣 畫
	Name	
	10078 Chumuckla Spings Rd.	
	Florida street address (P.O. Box NOT acceptable	)
	Jay, 32565	
	City, State, and Zip	<del></del>
registered agent and agre statutes relating to the pro	gistered agent and to accept service of process lace designated in this certificate, I hereby accest to act in this capacity. I further agree to compoper and complete performance of my duties any position as registered agent as provided for	ept the appointment as uply with the provisions of all Ad I am familiar with and
	Registered Agent's Signature	<del></del>
The Limited Liability therefore, a manager	nt (Check box if applicable.)  y Company is to be managed by one manager  r - managed company.  tional article must be added if an effective dat	JUL.
	ture of a member of an authorized representative of	fa member ST &
(In accordance with continue (00 400 (2) Fl. 1) S.		

(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.)

Danny Ard
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)