

L03000025873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

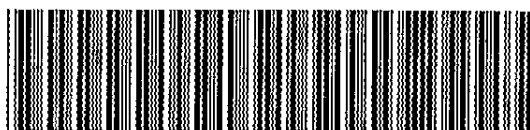
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/17/03--01068--002 **25.00

06/17/03--01068--001 **100.00

06/17/03--01068--003 **5.00

W7/16

03 JUL 16 AM 8:22

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Mack A. Smith
28065 Corner Cutoff Rd.
Hilliard, Fl. 32046

I am submitting Articles of organization- daytime phone-904-845-3941- money order for
filing fee, registered agent, and certificate of status.

Sincerely,

Mack A. Smith

Mack A. Smith

W03-17990

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 16 AM 8:22



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 24, 2003

MACK A. SMITH
28065 CORNER CUTOFF RD.
HILLIARD, FL 32046

SUBJECT: OCIE-ANNA TRUCKING L.L.C.
Ref. Number: W03000017990

We have received your document for OCIE-ANNA TRUCKING L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 803A00038370

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DIVISION OF CORPORATIONS
03 JUL 16 AM 8:22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCIE-ANNA TRUCKING L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

28065 CORNER CUTOFF RD. HILLIARD, FL 32046

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

MACK A. SMITH

Name

28065 CORNER CUTOFF RD.

Florida street address (P.O. Box **NOT** acceptable)

HILLIARD

FL 32046

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.

Mack A. Smith
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Mack A. Smith
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.)

MACK A. SMITH
Typed or printed name of signer

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)

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SECRETARY OF CORPORATIONS
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