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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| · (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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TRANSMITTAL LETTER

FILED

| TO: Registration Section Division of Corporations 03 SEP 19 AM 9: 45 |
|---|
| SUBJECT: CRT Trucking Company Of LADCOE FLORIDA L (Name of Limited Viability Company) |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Ronald R. Tierney (Name of Person) |
| CRITTrucking company of Ocoee FL LLC (Firm/Complety) |
| 1008 Marlene Drive (Address) |
| Ocoee FL. 34761 (City/State and Zip Code) |

For further information concerning this matter, please call:

Royald R. Tierney at (407) 656-9310 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

MAILING ADDRESS:

| ARTICLES OF ORGANIZATION FOR FLORE | |
|---|---|
| | FILED |
| ARTICLE I - Name: | 03 SEP 19 AM 9: 45 |
| The name of the Limited Liability Company is: | OS OLI I A PIATE |
| CRT Trucking Company | of Ococe That AHASSEE, FLORIDA |
| ARTICLE II - Address: | |
| The mailing address and street address of the principal | office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| CRT Trucking Company of occ | see FL LLC |
| 1008 martene Drive | " Same" |
| Diote, Fr. 34761 | |
| | |
| ARTICLE III - Registered Agent, Registered Offic | e, & Registered Agent's Signature: |
| The name and the Florida street address of the register | ed agent are: |
| | |
| Ronald R Tiv | erney |
| 1008 marlene | Drive |
| Florida street address (P.O. Box N | |
| Ococe FL | 34761 |

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..

(CONTINUED)

| ARTICLE IV- Manager(s) or Managi The name and address of each Manager | or Managing Member is as follows: | _ |
|---|---|-----------------------|
| Title: | Name and Address: 03 SEP 19 | |
| "MGR" = Manager "MGRM" = Managing Member | | WISTAIL |
| MGR | Bonald R. Ticiney 1008 Marlene Drive Ocaee, Ft. 34761 | - madases. |
| MORM | Cheryl A. Butcher 1008 marlens Drive Ocope, Fr. 34761 | ski avikis kum Eum |
| | | |
| <u> </u> | | |
| (Use attachment if necessary) | | |
| NOTE: An additional article must be | added if an effective date is requested. | |
| REQUIRED SIGNATURE: | | |
| (In accordance with section of this document constituent that the facts stated herein R | or an authorized epresentative of a member. on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury in are true.) A A A T'Crney do or printed name of signee | , V |
| | Eiling 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)