L03000036525

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
, and and a				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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TRANSMITTAL LETTER

TO: Registration Section

Tallahassee, Florida 32399

Division of Corporations	
SUBJECT: LEGENDAR)	1 TRAILERS, LLC
(Name of Limited Liabili	ity Company)
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Stephen D. Byer	03 SEP 19 PM 12: 23
(Name of Person)	9
•	3
Legendary Trailer (Firm/Company)	5, LLC 23
11460 61 STreet	
Pinellas Park, FL (City/State and Zip Code)	33782
For further information concerning this matter, please	call:
Stephen D Byer at (7. (Name of Person) at (7.	27) 547-9015 ea Code & Daytime Telephone Number)
Registration Section R Division of Corporations E	AAILING ADDRESS: Legistration Section Division of Corporations

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is: LEG	ENDARY TRAILERS	,L	4
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Comp	any is	;:
Principal Office Address:	Mailing Address:		
11460-61 STRUT N. Pinelles Park, FL 33782	5am e		
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registere Stephen Name 11460 - 61 Florida street address (P.O. Box No. 1) Piorida Street address (P.O. Box No. 1) City, State, and Zip	d agent are: BYCY ST (CLT N. DT acceptable)	03 SEP 19 PH12: 23	SECRETARY OF STATE STATE CONVISION OF CORPORATIONS

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)

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	0 0	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Stephen D Byer 11460 61 STRIET N Pinellas Park, FL 3.	- 3782
MGRM	Kim A Byer 11460 61 STreet N Pinellas Park, FL 3	- 33783
		NISION OF 103 SEP 1
		PRORPORATION
(Use attachment if necessary)	13 1:0 00 1:	12: 2: 13: 5: 2:
NOTE: An additional article must be	e added if an effective date is requested.	W = 5
REQUIRED SIGNATURE:	D Byen	
Signature of a member	or an authorized representative of a member.	
of this document constit that the facts stated here		
Stephen	ped or printed name of signce	- 8

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)