

L03000047959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

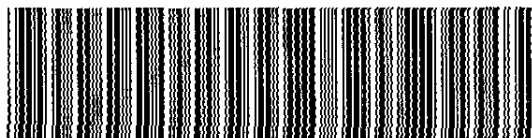
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE

1-1-04

11/26/03--01012--010 **125.00

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE

1-1-04

SUBJECT: DG Loveless Trucking LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deloyd G Loveless
(Name of Person)

DG Loveless Trucking LLC
(Firm/Company)

530 Sparks Road
(Address)

Monticello FL 32344-5325
(City/State and Zip Code)

For further information concerning this matter, please call:

Deloyd G Loveless
(Name of Person)

at (850) 997-6354
(Area Code & Daytime Telephone Number)

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

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

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EFFECTIVE DATE
1-1-04

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

O G Loveless Trucking LLC

ARTICLE II - Address:

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

Principal Office Address:

530 Sparks Road

Monticello FL

32344-5325

Mailing Address:

530 Sparks Road

Monticello FL

32344-5325

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

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

Deloyd G Loveless
Name

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

Monticello FLORIDA 32344-5325
City, State, and Zip

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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, Florida Statutes..


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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Deloyd G Loveless MGRM
530 Sparks Road
Monterice, FL 32344-5325

MGRM

Albert Simmons
48 LA MONT Subdivision
LA MONT, FL 32336

(Use attachment if necessary)

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Deloyd G. Loveless
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)

ARTICLE V Effective Date

January 1, 2004

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