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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

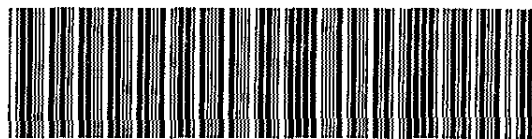
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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Sp

THOMAS C WARD TRUCKING
4221 CRARY RD
CENTURY, FL. 32535

ENCLOSED CHECK FOR

FILING FEE	100.00
DESIGNATION OF REGISTERED AGENT	25.00
CERTIFICATE OF STATUS	5.00
TOTAL AMOUNT ENCLOSED	130.00

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas C. Ward 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:

Thomas C Ward
(Name of Person)

Thomas C Ward Trucking
(Firm/Company)

4221 Cravil Rd
(Address)

CENTURY FL 32535
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Ward at (850) 256-3762
(Name of Person) (Area Code & Daytime Telephone Number)
cell 850. 336-1865
ph

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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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Thomas C Ward Trucking LLC

ARTICLE II - Address:

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

Principal Office Address:

4221 Crary Rd
Century 71
32535

Mailing Address:

4221 Crary Rd
Century 71
32535

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

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

Thomas C Ward
Name

4221 Crary Rd
Florida street address (P.O. Box NOT acceptable)

Century 71 FLORIDA 32535
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..

Thomas C Ward
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:

MGR

Thomas C. Ward
4221 Cray Rd
Century F1 32535

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Thomas C. Ward
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.)

Thomas C. Ward
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)

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