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DIVISION OF CORPORATIONS
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4p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MC 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:

William Michael Childs
(Name of Person)

MC Trucking, LLC
(Firm/Company)

6456 2nd Avenue South
(Address)

Saint Petersburg - FL - 33707
(City/State and Zip Code)

For further information concerning this matter, please call:

MC Trucking, LLC at 727, 344-0131
(Name of Person) (Area Code & Daytime Telephone Number)
William Michael Childs

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04 JAN 12 PM 4:05

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

check to state of Florida enclosed for \$160⁰⁰,
filing fees, \$100⁰⁰, Articles of Organization, \$25⁰⁰,
designation of registered agent, \$30⁰⁰ certified copy,
\$5⁰⁰ Certificate of status.

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MC Trucking, LLC.

ARTICLE II - Address:

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

Principal Office Address:

6456 2nd Avenue So.
St. Petersburg FL 33707

Mailing Address:

6456 2nd Avenue So
St. Petersburg FL 33707

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

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

William Michael Childs

Name

6456 2nd Ave South

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

St. Petersburg FLORIDA 33707

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, Florida Statutes..

W Michael Childs

Registered Agent's Signature

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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

MGR

Name and Address:

William Michael Childs

6456 2nd Avenue South

St. Petersburg FL 33706

(Use attachment if necessary)

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.)

William Michael Childs

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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