# L04000009823

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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Certified Copies Certificates of Status
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TALLAHASSEE FLORIDAALLAHASSEE PORATIONS

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			. •
SUBJECT: ANDERSOW Tru (Name	CKINA of Limited Elability Company)		<u> </u>
The enclosed Articles of Organization and fee(	s) are submitted for filing.		
Please return all correspondence concerning thi	is matter to the following:		
Jeffrey J. Anderson (Name of Person)			
ANDERSON Trucking (Firm/Company)	<u>y</u>		
317 Boland Cometal	y RO.		
Lamont Fl 32336 (City/State and Zip Co	ode)		
For further information concerning this matter,	please call:	,	
Jeffrey JAnderson (Name of Person)	at (850) 22 (Area Code & Daytime		<u> </u>
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	4	04 FEB -5

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

ANDERSON Trucking LLC

#### ARTICLE II - Address:

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

Principal Office Address:	••••	Mailing Address:
US.19 South Cemetary Road Lamont #13233		317 Green Boland Cemotory RD. Lamont Fl 32336

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

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

Jeffrey J An Derson

Name

311 Boland Cemetary R D

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

Lamont 3235L FL F/

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, F.S..

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(CONTINUED)

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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	Name and Address:				
"MGRM" = Managing Member					
mer m	Jeffry J. Amberson 317 Boland Cemetary 20 Lamont Fl 32336				
Mer	Shirley Anderson 317 Boland Cemetary RO Lamont Fl 32336				
(Use attachment if necessary)					
NOTE: An additional article must be added if an effective date is requested.					
REQUIRED SIGNATURE:					

of amember 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.)

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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