W. Page 1 of 1 as see at

Florida Department of State

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Τo:

Division of Corporations

Fax Number (850) 205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

LIMITED LIABILITY COMPANY

Pete's Trucking, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

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H04000026149

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - | Name |
|-------------|------|
|-------------|------|

The name of the Limited Liability Company is: Pete's 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: | | |
|--|--|---------------|----------------|
| 2375 SW 66 Terr | 2375 SW 66 Terr | | |
| Davie, FL 33317 | Davie, FL 33317 | | - - |
| ARTICLE III - Registered Ages The name and Florida street address of t | nt, Registered Office & Registered Agent's Signature he registered agent are: Steve Miller | WILL A STARTS | 04 F 20 2 1. |
| | Name | • | |
| | 220 Holloway Drive, #8 | | - |
| • | (P.O. Box or Mail Drop Box NOT Acceptable) | | |
| | Plantation, FL 33317 | | |
| | (City / State / 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.

Registered Agent's Signature - Steve Miller

| The name and address of ea | er(s) or Managing Member(s): ach Manager or Managing Member is as follows: | H04000026149 |
|--|--|--------------|
| Title: "MGR" = Manager "MGRM" ⇒ Managing Mer | Name and Address: | |
| MGRM | Steve Miller - 220 Holloway Drive, #8, Plantation, FL 3331 | 7 |
| | | |
| (Use attachment if necessar | у) | |
| REQUIRED SIGNATUE | RE: | |
| $X_{\frac{1}{5}}$ | Signature of a member or authorized representative of a member. | |
| doc | accordance with section 608.408(3), Florida Statutes, the execution of cument constitutes an affirmation under the penalties of perjury that the ted herein are true.) | |
| | Steve Miller | |
| | Typed or printed name of signee | |