

LD4000014183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

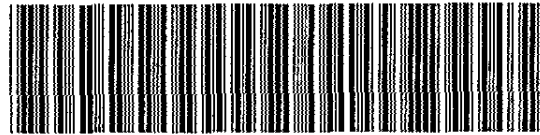
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

04 FEB 23 AM 11:31

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Donna Johnson 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:

Donna Johnson
(Name of Person)

(Firm/Company)

8770 Billingsley Rd
(Address)

Tallahassee FL 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Johnson at (850) 893-0611
(Name of Person) (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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SECRETARY OF
TALLAHASSEE, FLORIDA
04 FEB 23 AM 11:35

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 FEB 23 AM 11:35

ARTICLE I - Name:

The name of the Limited Liability Company is:

Donna A Johnson Trucking LLC

ARTICLE II - Address:

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

Principal Office Address:

8770 Billingsley Rd
Tallahassee FL,
32309

Mailing Address:

8770 Billingsley Rd
Tallahassee, FL
32309

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

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

Donna Johnson
Name

8770 Billingsley Rd
Florida street address (P.O. Box NOT acceptable)

Tallahassee FLORIDA 32309
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..

Donna Johnson
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

Donna Johnson
8720 Billingsley Rd
Tallahassee, FL 32309

MGRM

Charlie M. Johnson
8720 Billingsley Rd
Tallahassee, FL 32309

MGRM

DON EDWARDS
434 Pullback Rd
Seepchoppy FL 32358

MGRM

Patrick Johnson
8720 Billingsley Rd
Tallahassee, FL 32309

(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.)

DONNA JOHNSON

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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TALLAHASSEE, FLORIDA
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