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(Requestor's Name)

(Address)

(Address)

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TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: Ashlie's Trucking, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa M. Feijo
Ashlie's Trucking, LLC
7641 Dovecote Dr
Orlando, FL 32810

For further information concerning this matter, please call:

Lisa M Feijo at (407) 253-9359

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TALLAHASSEE, FLORIDA

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STREET ADDRESS:
Registration Section
Division of Corporations
409 E Gains Street
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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

ARTICLE I – Name:

The name of the Limited Liability Company is:

Ashlie'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:

Ashlie's Trucking, LLC
7641 Dovecote Dr
Orlando, FL 32810

Mailing Address:

Ashleies Trucking, LLC
7641 Dovecote Dr
Orlando, FL 32810

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TALLAHASSEE, FLORIDA

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

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

Lisa M Feijo
7641 Dovecote DR
Orlando, FL 32810

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 the Chapter 608, Florida Statutes.


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

Lisa M Feijo
7641 Dovecote Dr
Orlando, FL 32810

MGR

Randy W Edge
7641 Dovecote Dr
Orlando, FL 32810

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.)

Lisa M Feijo

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fees:

\$100.00	Filing Fees for Articles of Organization
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (Optional)
\$ 5.00	Certificate of Status (Optional)