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2004 MAR 22 P 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABAD 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:

ANIBAL ABAD
(Name of Person)

ABAD TRUCKING LLC
(Firm/Company)

2150 W. Bonita Road
(Address)

AVON PARK, FL 33825
(City/State and Zip Code)

For further information concerning this matter, please call:

Judy Potter at (863) 967-4487
(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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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

2004 MAR 22 P 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

ABAD 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:**
2150 W. Bonita Rd	
Avon Park, FL. 33825	same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

MARIA ABAD
Name

2150 W. Bonita Road
Florida street address (P.O. Box **NOT** acceptable)

AVON PARK FLORIDA 33825
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..

Maria Abad
Registered Agent's Signature

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2004 MAR 22 P 12:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGR	ANIBAL ABAD 2150 W. Bonita Rd Avon Park, FL 33825
MGRM	MARIA ABAD 2150 W. Bonita Rd Avon Park, FL 33825

(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.)

ANIBAL ABAD
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)**