L04000031891

SECRETARY OF STATE SECRETARY OF STATE AHASSEE, FLORIDA (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	30	DY APR 20 - CTATE
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	•	OF SIGHTA
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	g	ECRE LESEE, FLUND
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(T) = 111 = 12	1 MASS
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requesto	rs Name)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(* 10.0.223)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	7,541 7,741 7	77° - 1751 10
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State	#ZIP#PRONE #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(Document Number) Certified Copies Certificates of Status	☐ PICK-UP ☐	WAIT MAIL
(Document Number) Certified Copies Certificates of Status		
(Document Number) Certified Copies Certificates of Status		
(Document Number) Certified Copies Certificates of Status		
Certified Copies Certificates of Status	(Business Entity Name)	
Certified Copies Certificates of Status		
Certified Copies Certificates of Status		
Certified Copies Certificates of Status	(Degument Number)	
	(Document Number)	
	Certified Copies	Certificates of Status
Special Instructions to Filing Officer:		
Special Instructions to Filing Officer:		
Special Instructions to Filing Officer:		
Special instructions to 1 imig Officer.	Special Instructions to Filing Officer	
	Special instructions to 1 ming Officer.	
	1	
		

Office Use Only



300032257833

04/20/04--01085--017 **125.00

AL'

TO: Registration Section Division of Corporations 2004 APR 20 PL: US SUBJECT: Langan Transport Service LARY OF STATE (Name of Limited Liability Company) ALLAHASSEE, FLORIDA The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Anigan Transport Service, L. L. C. (Firm/Company) 901-1 State Road 20 (Address)

TRANSMITTAL LETTER

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

For further information concerning this matter, please call:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY 2004 APR 20 P 1: 13 **FOR**

FILED

ARTICLE I – NAME:

The name of the Limited Liability Company is:

Lanigan Transport Service, L.L.C.

ARTICLE II – Address

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

> 901-1 State Road 20 Interlachen, Florida 32148

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

Roy D. Lanigan 901-1 State Road 20 Interlachen, Florida 32148

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 statues 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.

ARTICLE IV – MANAGER

FILED

The name and address of each Manager is as follows:

Roy D. Lanigan

901-1 State Road 20 Interlachen, Florida 32148 2004 APR 20 P 1: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Roy D. Lanigar

(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.)

Printed name of signee: Roy D. Lanigan