# L04000033019

(Requestor's Name)					
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(0	ity/State/	Zip/Phone i	<i>f</i> )		
☐ PICK-UP		WAIT	MAIL		
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to	Filing O	fficer:			
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2004 APR 30 P 3: 4: SECRETARY OF STATE

## TRANSMITTAL LETTER

TO:	Registration Section			
	Division of Corporations			

SUBJECT: Chris Hoffman 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:

Chris Hoffman
(Name of Person)

Chris Abffman trucking

47/9 VIlabella DR

Schring Fl 33877
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Hoffman at (863") 381-227C (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



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 16, 2004

CHRIS HOFFMAN 4719 VILABELLA DR SEBRIN, FL 33872

SUBJECT: CHRIS HOFFMAN TRUCKING

Ref. Number: W04000014875

We have received your document for CHRIS HOFFMAN TRUCKING and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We do not have an entity by the above name. If you are trying to file as a new limited liability company you have completed the wrong form. Please see the attached.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 804A00025263

Diane Cushing Document Specialist

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
Chris Hoffman Truc	KING LLC				
ARTICLE II - Address: The mailing address and street address of the principal of					
Principal Office Address:	Mailing Address:				
4719 Vilabella RD Storing Fl 33872	Chris Hoffman Trucking				
Some II SSATE	Schring Fl 33872				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:					
The name and the Florida street address of the registered					
Chris Hoffman	TOOH APR				
Name	APR HAS				
4719 Vilabella	DR SCreptable)				
Florida street address (P.O. Box NC					
SCOVING FL. City, State, and Zip	73387C 87 W				

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 Agont's Signature

(CONTINUED)

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member	Chris Haffman 4719 vilabella #D DR Schring F/ 33872		
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(Use attachment if necessary)	PR 30 P		
NOTE: An additional article must be added if an effective date is requested with 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.)

Typed or printed name of signee

<u>Filing Fees:</u> \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)