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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
(City/State/21p/F11one #)
PICK-UP WAIT MAIL
(Business Entity Name)
75
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Clinton Brown 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:	
Clinton Brown	
(Name of Person)	
Clinton Brown Trucking LLC	
(Firm/Company)	_
5170 Fryer Road	
(Address)	
St Cloud, Florida 34771	
(City/State and Zip Code)	<u> </u>
For further information concerning this matter, please call:	OF AUG
Clinton Brown at (321) 624-5008	3
(Name of Person) (Area Code & Daytime Telephone Number)	OF AUG 13 PM 3: 5

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

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MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

of the Limited Liability Company ling Address: 0 Fryer Road St. Cloud, FL 34771
ling Address:
0 Fryer Road St. Cloud, FL 34771
egistered Agent's Signature:
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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..

Registered Agent's Signature

Page 1 of 2 (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 "MGRM" = Managing Member	Name and Address:
MGR	Clinton Brown
	5170 Fryer Road
	St. Cloud, Florida 34771
(Use attachment if necessary)	
NOTE: An additional article must b	e 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.)

Clinton Brown

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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