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STATE OF ALABAMA  
DIVISION OF CORPORATIONS

**TRANSMITTAL LETTER**

ATX1

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KVS 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:

Neika Cash Taylor  
(Name of Person)

Select Services, Inc and John A. McCole, CPA  
(Firm/Company)

Post Office Box 805  
(Address)

Salisbury, NC 28145-0805  
(City/State and Zip Code)

For further information concerning this matter, please call:

Neika Cash Taylor, Organizer at (800) 647-0027  
(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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KVS Trucking, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

KVS Trucking, LLC

430 McCracken Road

Lake Helen, FL 32744

**Mailing Address:**

KVS Trucking, LLC

430 McCracken Road

Lake Helen, FL 32744

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Harvey Lewis Van Scoy

Name

430 McCracken Road

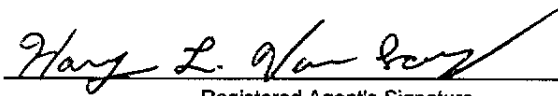
Florida street address (P.O. Box NOT acceptable)

Lake Helen

FLORIDA 32744

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..*



Registered Agent's Signature

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
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**ARTICLE IV- Manager(s) or Managing Member(s):**

ATX1

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Harvey Lewis Van Scoy  
430 McCracken Road  
Lake Helen, FL 32744

MGRM

Harvey Lewis Van Scoy  
430 McCracken Road  
Lake Helen, FL 32744

\_\_\_\_\_  
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(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.)

Harvey Lewis Van Scoy  
\_\_\_\_\_  
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)

STATE OF FLORIDA  
 DIVISION OF CORPORATIONS  
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