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(Re	equestor's Name))
(Ad	ldress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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MJH

FILED 04 OCT 25 AH 9: 37 October 20, 2004

Registration Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314

To whom it may concern,

This letter is in response for the request of the name, address, and daytime telephone number to complete the "Articles of Organization". The information needed is listed below.

Lloyd C. Wood 3265 Pine Haven Drive Clearwater, Florida 33761-2233 (727) 789-4495

Thank-you,

Lloyd Wood, President

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>L/OYD WOOD Trucking</u> , LhC (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:
LIOYD C. WOOD (Name of Person)
(Name of Person)
LIOYD WOOD Trucking, LLC
(Firm/Company)
3265 Pine Haven Drive
(Address)
Clearwater, FLorida 33761-2233
For further information concerning this matter, please call:
LIDYD C. Wood at 727, 789-4495 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee Certificate of Status □ \$155.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

LIDYD WOOD Trucking, LLC

ARTICLE II - Address:

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

Principal	Office	Address:
000		

Mailing Address:

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

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

Name

Name

3265 Pine Haven Drive

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

Clearwater, FL 33761-2233

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, F.S..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	LIOYD C. Wood 3265 Pine Haven DR Clearunter, FLORIDA 33761
(I les etts charact if accesses)	
(Use attachment if necessary) NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a membe	C. Cocret of a member.
of this document consti that the facts stated h	·
	ped or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)