

W5000010799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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05 JAN 25 PM 3:30

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

TRANSMITTAL LETTER

TO: **Division of Corporations**
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

DATE: 1-20-05

SUBJECT: **RedCon's Trucking, LLC**

The enclosed Articles of Organization with Designation of Registered Agent and copies are submitted for filing. Please return a stamped copy of the enclosed Articles of Organization, and any correspondence concerning this matter, to the following address:

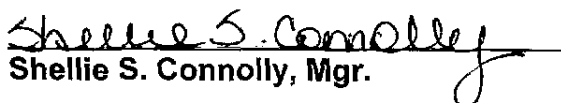
Shellie S. Connolly
RedCon's Trucking, LLC
1662 SW Rutland Street
Port St. Lucie, FL 34987

For further information concerning this matter, please call: **Shellie S. Connolly** at **772-342-8230**.

Also enclosed is a check for \$ **130.00** for the following items:

- | | | |
|-------------------------------------|-----------|---|
| <input checked="" type="checkbox"/> | \$ 100.00 | Filing Fee |
| <input checked="" type="checkbox"/> | \$ 25.00 | Designation of Registered Agent |
| <input type="checkbox"/> | \$ 30.00 | Certified Copy (Optional) |
| <input checked="" type="checkbox"/> | \$ 5.00 | Certificate of Status (Optional) |

FROM:


Shellie S. Connolly, Mgr.

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I

Name

The name of this Limited Liability Company is:

RedCon's Trucking, LLC

ARTICLE II

Address

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

Principal Office Address:

1662 SW Rutland Street
Port St. Lucie, FL 34987

Mailing Address:

1662 SW Rutland Street
Port St. Lucie, FL 34987

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature

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

Shellie S. Connolly
1662 SW Rutland Street
Port St. Lucie, FL 34987

FILED
05 JAN 25 PM 3:30
CLERK OF DISTRICT COURT
PORT ST. LUCIE, FL 34987

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.

Shellie S. Connolly
Shellie S. Connolly, Registered Agent

ARTICLE IV

Manager(s) or Managing Member(s)

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

Title:

Name and Address:

"Mgr" = Manager

"MGRM" – Managing Member

MGR

Shellie S. Connolly
1662 SW Rutland Street
Port St. Lucie, FL 34987

MGR

Michael Connolly
1662 SW Rutland Street
Port St. Lucie, FL 34987

Required Signature:

Shellie S. Connolly
Shellie S. Connolly, Manager
1662 SW Rutland Street
Port St. Lucie, FL 34987
772-342-8230

1-20-05
Date

(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.)