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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Short Trucking LLC (Name of Limited	d Liability Company)	
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Robert Short	Name of Person)	
1)	value of Folsony	
Short trucking	Firm/Company)	
O	Time Company)	
1704 Lee Ave.		2005 1 Al
	(Address)	2005 FEB 14 PM 2: 16 2005 FEB 14 PM 2: 16 2017 ALLAHASSEE, FLORID
Lehigh Acres, Florida 33936		SSE SSE
	State and Zip Code)	
		LO3 RA
For further information concerning this matter, please	call:	SIDA SIONS
	at (239) 303-1727	· · · · · · · · · · · · · · · · · · ·
(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the following amount:		
I \$125.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

• • •		
Short Trucking LLC		٠.
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1704 Lee Ave.	1704 Lee Ave.	
Lehigh Acres, Fl 33936	Lehigh Acres, Fl 33936	-
	<u></u>	-
ARTICLE III - Registered Agent, Register		
The name and the Florida street address of the	e registered agent are:	
Robert Short	SSS F E	
Nan		
1704 Lee Ave.	FLORA.	
Florida street a	address (P.O. Box NOT acceptable)	
Lehigh Acres, Fl 33936	.FL .	
City, State	e, 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..

Robert Short

ARTICLE I - Name:

The name of the Limited Liability Company is:

Registered Agent's Signature

(CONTINUED)

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

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

_	• •
<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
mgr	RobertShort
	1704 Lee Ave.
	Lehigh Acres, FI 33936
mgrm	Connie Short
MAKE & S. A.	1704 Lee Ave.
	Lehigh Acres, FI 33936
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	7 8
	FG A T
	A B T
	SSC. #
	ER P. 2:
(Use attachment if necessary)	
	ORIDO ORIDO
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
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lible	utShrs
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 that the facts stated hereir	s an affirmation under the penalties of perjury
Robert Short	

Typed 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)