# 150000 21022

# Florida Department of State

Division of Corporations Public Access System

### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000052137 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

## LIMITED LIABILITY COMPANY

s & s trucking of south florida lle

| Ecertificate of Status | 0        |
|------------------------|----------|
| Certified Copy         | 0        |
| Page Count             | 03       |
| Estimated Charge       | \$125.00 |

EMP I RE

P.01/03





# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

S & S TRUCKING OF SOUTH FLORIDA LLC

#### ARTICLE I

The name of the Limited Liability Company shall: S & S TRUCKING OF SOUTH FLORIDA LLC

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 9000A NW 106th STREET, MEDLEY, FL 33178

#### ARTICLE IV

The name of the Managing Member(s) for this company are:

ANTHONY T. SACCO

#### ARTICLE V

The name and the Florida street address of the registered agent are: ANTHONY T. SACCO, 9000A NW 106th STREET, MEDLEY, FL 331780

405000052137

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

Sts Trucking of South Florida Ltd (Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization. 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.

Registered Agent

Niffpul

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.)

Typed or printed name of signee

405000052137