

L0500 0031541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

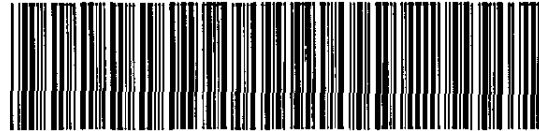
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/30/05--01024--020 **130.00

EFFECTIVE DATE

4/1/05

FILED

03/30/05

10:00

T. Brumbley MAR 31 2005

ACM TRUCKING, LLC
376 NE DOUBLETREE AVENUE
MADISON, FL 32340
(850) 929-4661

MARCH 28, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

Dear Sir,

This cover letter is submitted on behalf of ACM TRUCKING, LLC with the Articles of Organization to form a Limited Liability Company for my Transportation business. This is a for profit company providing general freight trucking service. I am a sole proprietor. My business will be managed by me.

The registered agent is Mr. Alferd C. Murphy

The business name and address is as follows:

ACM TRUCKING, LLC. E.I.N. {30-0271346}
376 NE DOUBLETREE AVENUE MADISON, FL 32340
(850) 929-4661

ARTICLE V

The effective date requested is April 1, 2005.

I am enclosing check # 185 for \$ 130.00.
\$100.00 Filing Fee for Articles of Organization
25.00 Designation of Registered Agent
5.00 Certificate of Status
\$130.00

Alferd C. Murphy

ACM/mdf

This document prepared by:

Mae DeVoe Fields
101 NW King Street
Live Oak, FL 32064
(386) 364-7666

FILED
05/03/05 09:25
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACM TRUCKING, LLC

ARTICLE II - Address:

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

376 NE Doubletree Ave
Madison, FL 32340

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

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

EFFECTIVE DATE
4-1-05

Alfred C. Murphy
Name
376 NE Doubletree Ave
Florida street address (P.O. Box **NOT** acceptable)
MADISON FL 32340
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..


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

April 1, 2005
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.)

ALFRED C. MURPHY
Typed or printed name of signer

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)