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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: NEWCARTAGE FLA L. L. C. (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:
KENNETTA D. CARTER (Name of Person)
NEWcartage Fla L.L.C. (Firm/Company)
4771 Bayou Blue # 163
Pensacola, FL 32503-2607 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (7/3) 240 · 7923 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NEWcartage Fla L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
NEWCARTAGE FLA L.L.C. 4771 BAYOU BLVD. \$163 Pensacola, Fl 32503 2607	Newcortage Fla L.L.C 4771 Bayou Blud #163 Pensarala, Fl 32503-2607
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re LFNWETH D. Name	egistered agent are:
5601 Jon	E Elliott Way ress (P.O. Box NOT acceptable)
<u>rensocoto</u> City, State, ar	FL 32503 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited as a certificate, I hereby accept the appointment as a limiter I further agree to comply with the provisions of all arguments of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
the	D SECRETARIAN TO THE SECRETARIAN THE SECRETARIAN TO THE SECRETARIAN THE SECRETARIAN TO THE SECRETARIAN THE SECRETARIAN TO THE SECRETARIAN THE SECRET
Registered Agent's	Signature

(CONTINUED)

Page 1 of 2

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR.	KENNETH D. CARTER
	5601 Doe Elliot Way
	<u>Pensocola</u> , Fla. 32503
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- Andrews - Andr	And the state of t
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(Use attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
MEQUINED SIGNATURE:	
	/_
	17

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.)

KINNETU D. CARTER
Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certifled Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)