

105000061514

Florida Department of State
Division of Corporations
Public Access System

FAXED
4878

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.

((H05000151240 3)))

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

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : BOARDMAN & SPILLER, P.A.
Account Number : 102350003270
Phone : (239) 657-4418
Fax Number : (239) 657-4278

RECEIVED
05 JUN 21 AM 11:55
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Del Campo Trucking, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2005 JUN 21 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

105-61514
al

ARTICLES OF ORGANIZATION

H050001512403

OF

DEL CAMPO TRUCKING, LLC.

The undersigned member hereby certifies that the undersigned member of this organization desires to form a single member limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be DEL CAMPO TRUCKING, LLC.

ARTICLE II

The mailing address and street address of the principal office of this limited liability company shall be Post Office Box 459, Felda, Florida 33930, and 100 State Road 29 North, Felda, Florida 33930.

ARTICLE III

DURATION

This limited liability company shall begin existence on June 20, 2005, and exist until June 20, 2035, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

ARTICLE IV

MANAGEMENT

This limited liability company shall be managed by its sole member. The name and address of the managing member is as follows:

Joel Salazar
100 State Road 29 North
Felda, Florida 33930

THIS DOCUMENT PREPARED BY:
Thomas K. Boardman
BOARDMAN & SPILLER, P.A.
1400 North 15th Street, Suite 201
Immokalee, Florida 34142
(941) 657-4418
Florida Bar No. 103581

EFFECTIVE DATE
6-20-05

H050001512403

H050001512403

ARTICLE V

RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI

MEMBERS' RIGHTS TO CONTINUE BUSINESS

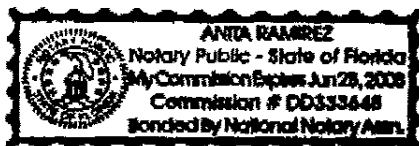
Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

Executed by the undersigned at Immokalee, Florida on June 9th, 2005.

Joel Salazar
JOEL SALAZAR

STATE OF FLORIDA }
COUNTY OF COLLIER }

The foregoing instrument was sworn to and acknowledged before me this 9th day of June, 2005, by JOEL SALAZAR, who is ☐ personally known to me or ☒ who produced a Florida Driver's License No. S42643747184-D as identification.



Anita Ramirez
NOTARY PUBLIC
Name: Anita Ramirez

2005 JUN 21 PM 8:12
SECRETARY OF STATE
CLERK

H050001512403

H050001512403

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: DEL CAMPO TRUCKING, LLC.
2. The name and address of the registered agent and office is:

JOEL SALAZAR

(Name)

100 State Road 29 North

(P.O. Box not acceptable)

Felda, Florida 33930

(City/State/Zip code)

Having been named as registered agent and to accept service of process for the above state corporation 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.


(Signature)

6-9-05
(Date)

FILED
JUN 21 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H050001512403