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SECRETARY OF STATE DIVISION OF CORPORATIONS

## \* TRANSMITTAL LETTER

Registration Section Division of Corporations

Tallahassee, Florida 32399

TO:

SUBJECT: RICKY AMABLE TRUCKING LLC" (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:
RICARDO AMABLE (Name of Person)
Picky AMABLE TRUCKING "LLC" (Firm/Company)
2005 S.E. 2ND STREET
CAPE CORAL FLORIDA 33990 (City/State and Zip Code)
For further information concerning this matter, please call:
RICARDO AMABLE at (239) 633-5138 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327

Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Ricky AMABLE TRUCKING 'LLC"
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:

**ARTICLE I - Name:** 

2005 S.E. 2ND SIRET 2005 S.E. 2ND SIR CAPE CORAL CAPE CORAL FLORIDA 33990 FLORIDA 33990	<del>-</del>	, , , , , , , , , , , , , , , , , , ,
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat		<u> </u>
The name and the Florida street address of the registered agent are:	05 AUG 25 F	SECRETARY OF COR
2005 S.E. IND STREET	Ž. ≅	F STA
Florida street address (P.O. Box <u>NOT</u> acceptable)	25	TON
CAPE CORAL FL 33990 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

(CONTINUED)

Page 1 of 2

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MANAGER -	2005 S.E 2ND SI CAPE CORNI FL, 32550
(Use attachment if necessary)	
NOTE: An additional article must l	be added if an effective date is requested.
REOUIRED SIGNATURE:	

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

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)

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