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SECRETARY OF STATE.

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### **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: TUA TRUCKING Liability Company)							
The enclosed Articles of Organization and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Timothy Kirkland							
(Name of Pe	rson)						
(Firm/Comp	pany)						
15895 9380 Sh.N.							
(Addres	s)						
West Palm Beach, FL 33412							
(City/State and I	Zip Code)						
For further information concerning this matter, please call:							
Tim Kirkland at (5) (Name of Person)	Lol 383-5518 Area Code & Daytime Telephone Number)						
(Name of Person) (A	trea Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:							
Certificate of Status Certific	55.00 Filing Fee & S160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)						
	T.						

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# FILED

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R)	TIC	LE	I	- Na	me:
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

### **ARTICLE II - Address:**

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

Principal Office Address:	<u> Mamng Address:</u>		
15895 93°DS+. N.	15895_93PD St.N_		
West Palm Beach	West Palm Breach		
El 23412	E1 22412		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Angela C. Foch
Name
15895 9385 St. N

Florida street address (P.O. Box NOT acceptable)

W. Palm Beach FL 33412 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

## The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED 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.)

Filing Fees:

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

ARTICLE IV- Manager(s) or Managing Member(s):

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

Typed or printed name of signee