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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: T & S Hauling "LLC"	Limited Liability Company)			
(Name of L	Similed English Company)			
The enclosed Articles of Organization and fee(s)	) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Shirl E.Dundas				
	(Name of Person)			
T & S Hauling "LLC"				
	(Firm/Company)			
14968 Old Pointe Roa	ad	15.77	ე გე	
	(Address)	3	CT	
Tampa, Florida 3361	3		05 (CT 19 PM 12: 3)	0.37.0
	(City/State and Zip Code)		2	C
For further information concerning this matter, p	please call:	N C	2:34	
Shirl E.Dundas	at (813 ) 363-9416			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amour	nt:			
\$125.00 Filing Fee \$130.00 Filing For Certificate of Status		&		
Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar The name of the Li		Company is:					
T & S Hauling "L							
Must end with the words	"Limited Liability	Company, "Limite	d Company" or their abbreviation '	"LLC," or "L.C.,")			
	_						
ARTICLE II - Ad					_		
The mailing addres	s and street add	iress of the pr	incipal office of the Limite	d Liability Com	pany is	i.	
Dutu dual Office A	43		Mailing Addmans				
Principal Office A	duress:		Mailing Address:				
14968 Old Pointe R	oad		14968 Old Pointe Road				
Tampa,Florida 336	13		Tampa,Florida 33613				
The Limited Liability Co business entity with an a	ompany cannot serve active Florida registr Florida street ac	e as its own Regist ation.) Idress of the r	Office, & Registered Agered Agent. You must designate an egistered agent are:			05 OCT 19	FILED
Shirl E.Dundas				-	.0	<u>irri</u>	
		Name			360		U
14968 Old Pointe Roa				:		F/11/2: 34	
	F	lorida street add	ress (P.O. Box NOT acceptable	·)		-	
	Tampa		FL 33613				
		City, State, a	nd Zip				
Having been name	ed as registered	_	scept service of process for	the above stated	limiteo	1	

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

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

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

"MGR" = Manager "MGRM" = Managing Membe	er		
"MGR"	Shirl E.Dundas 14968 Old Pointe Road Tampa,Florida 33613		
"MGRM"	Thomas D. Dundas 14968 Old Pointe Road		
	Tampa,Florida 33613	<del>-</del>	
			) : : ;
(Use attachment if necessary)			
effective date is listed, the date i	han the date of filing: 10/18/2005 must be specific and cannot be more than	(OPTIONAL)  1 five business days prior	r
effective date is listed, the date i 00 days after the date of filing.)	must be specific and cannot be more than	ı five business days prior	r

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.)

Shirl E.Dundas
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)