

L05000104562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300060824963

002103-101 101 101 101

002103-101 101 101 101

002103-101 101 101 101

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEAVENLY HAULER, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

B.L. RICHARDSON
(Name of Person)

B.L. RICHARDSON & ASSOC.
(Firm/Company)

55 SW COUNTY ROAD 484
(Address)

OCALA, FLORIDA 34473
(City/State and Zip Code)

For further information concerning this matter, please call:

BONNIE RICHARDSON at (352) 875-6728
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee, 50
Certificate of Status & 10
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

27500 21 A 9 50
TALLAHASSEE
FEB 21 1980

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEAVENLY HAULER L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1761 SE 178th LANE

SUMMERFIELD, FL. 34491

Mailing Address:

1761 SE 178th LANE

SUMMERFIELD, FL. 34491

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

MARTIN E. BABENDERERDE

Name

1761 SE 178th LANE

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

SUMMERFIELD FLORIDA 34491

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, Florida Statutes..



Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR.

MARTIN E. BABENDERERDE

1761 SE 178th LANE

SUMMERFIELD, FL. 34491

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Martin E. Babendererde
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.)

MARTIN E. BABENDERERDE
Typed or printed name of signer

201 OCT 21 A 9:50
STATE OF FLORIDA
TALLAHASSEE

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

168-00