

26 Oct 2005 17:03

A1A#CORPORATE#SERVICES

3056752811

P. I

Division of Corporations

<https://efile.sunbiz.org/sunbiz/efilcovr.ex>

L 05000105515

Florida Department of State  
Division of Corporations  
Public Access System

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.

(((H05000251730 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 : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

RECEIVED

05 OCT 27 AM 7:44

DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Christopher S. Wishard TRUCKING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED  
05 OCT 27 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/28/05

Electronic Filing Manual

Corporate Filing

Public Access Help

30

#050002517303

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

CHRISTOPHER S. WISHARD TRUCKING, LLC

**ARTICLE II ADDRESS**

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

4991 AVE B  
ST. AUGUSTINE, FL 32095**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

AMANDA WISHARD  
4991 AVE B  
ST. AUGUSTINE, FLORIDA 32095

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



AMANDA WISHARD/ Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

FILED  
05 OCT 27 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

26 Oct 2005 17:03

A1A#CORPORATE#SERVICES

3056752811

P. 3

H05000 25 17 30 3

CHRISTOPHER S. WISHARD, LLC

**ARTICLE V**

The name(s) and address(es) of the managing members of the LLC are:

CHRISTOPHER S. WISHARD  
MANAGING MEMBER: 4991 AVE B  
ST. AUGUSTINE, FLORIDA 32095

Amanda Wishard

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.)

AMANDA WISHARD  
Typed or printed name of signee

Amanda Wishard

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 OCT 27 AM 9:52

FILED