

Division of Corporations

L050000/07999

Page 1 of 1

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Florida Department of State
Division of Corporations
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2005 NOV -7 P 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Stein Trucking LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED**ARTICLE I - Name**

The name of the Limited Liability Company is: **Stein Trucking LLC**

2005 NOV -7 P 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II - Address**

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

Principal Office Address:126 Villa DriveOsprey, FL 34229**Mailing Address:**126 Villa DriveOsprey, FL 34229**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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


Bob Stein

Name

126 Villa Drive(P.O. Box or Mail Drop Box **NOT** Acceptable)Osprey, FL 34229

(City / State / 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 - Bob Stein

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:**FILED**

2005 NOV -7 P 12: 02

MGRM**Bob Stein- 126 Villa Drive, Osprey, FL 34229**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Bob Stein

Typed or printed name of signee