

W05000114921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

W05-114921

(Document Number)

Certified Copies 1 Certificates of Status 1

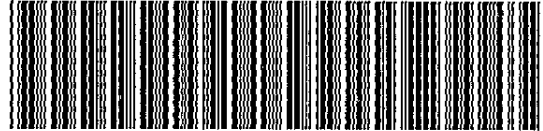
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05 NOV 23 PM 4:11
11/29/05 11:02:35A

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUCK SAFETY TECHNOLOGIES LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

TOM STANCIC
(Name of Person)

TRUCK SAFETY TECHNOLOGIES LLC
(Firm/Company)

6344 PINECREST LANE
(Address)

PINELLAS PARK, FL 33764
(City/State and Zip Code)

For further information concerning this matter, please call:

TOM STANCIC at (727) 642-2120
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRUCK SAFETY TECHNOLOGIES LLC

ARTICLE II - Address:

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

Principal Office Address:

6634 PINECREST LANE

PINELLAS PARK, FL 33764

Mailing Address:

6262 142ND AVE N APT 606

CLEARWATER, FL 33760

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

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

TOM STANCIC

Name

6262 142ND AVE N APT 606

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

CLEARWATER, FLORIDA 33760

City, State, and Zip

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TALLAHASSEE, FLORIDA

FILED

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..

Tom Stancic

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

TOM STANCIC

6262 142ND AVE N APT 606

CLEARWATER, FL 33760

MGR

RALPH THOMAS

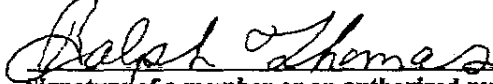
1600 83RD AVENUE

ST. PETERSBURG, FL

(Use attachment if necessary)

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

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.)

RALPH THOMAS

Typed or printed name of signer

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)