(D5000 119086

(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: 1219 FT LC				
EFFECTIVE DATE 2-75-05				
Office Use Only				



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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: PIERRE'S HAULING & MOVING SERVICES, 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: **GARY PIERRE** PIERRE'S HAULING & MOVING SERVICES, LLC (Firm/Company) P. O. BOX 770133 (Address)

OCALA, FL 34477

(City/State and Zip Code)

For further information concerning this matter, please call:

SHATOYA PIERRE

(Name of Person)

352 622-4285 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

Certificate of Status &

Certified Copy

(additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited	l Liability Company is	s:	
PIERRE'S HAULING (Must end with the words "Limit		ICES, LLC ited Company" or their abbreviation "L	LC," or "L.C.,")
ARTICLE II - Address):		
The mailing address and	street address of the	principal office of the Limited	l Liability Company is:
Principal Office Addre	<u>ss:</u>	Mailing Address:	
2001 NE 39 TH ST.		P.O. BOX 770133	*
OCALA, FL 34479		OCALA, FL 34477	
	cannot serve as its own Reg Florida registration.)	RRE	
	2001 NE 39TH	-	
		ddress (P.O. Box NOT acceptable)	
		A , FL 34479 , and Zip	
liability company at a registered agent and ago statutes relating to the	the place designated in ree to act in this capac proper and complete p	o accept service of process for a this certificate, I hereby accep ity. I further agree to comply v performance of my duties, and gistered agent as provided for i	ot the appointment as with the provisions of all I am familiar with and
	Registered Agent's Sign	Pullul ature (REQUIRED)	05 DEC -9 SEERE ARASSE

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR SHATOYA PIERRE 2001 NE 39TH ST. OCALA, FL 34479 MGRM **GARY PIERRE** 2001 NE 39TH ST. OCALA, FL 34479 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: 12/15/05 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of & 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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true,)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)