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TALL AHASSEE, FLORIDA

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COVER LETTER

Division of Co			
SUBJECT: Trig	ger Truckin (Name of Limiter	Q d Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
Denr	nis P. Hun	Name of Person)	
Tria	ger Trucki	Firm/Company)	05 DEC 20 SECHLIAR TALLAHASS
10793	Josh Eze	(Address)	
Perri	FL 323 (City/	State and Zip Code)	3: 35 CORIDA
For further information of	concerning this matter, please o	all:	
Cindy t	of Person)	at (<u>R5D</u>) <u>584-6</u> (Area Code & Daytime Tel	2951 Lephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, 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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	.5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
(Must end with the Yords "Limited Liability Cor	npany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Detector of Occurs Address	N#-215 A J.J

ARTICLE I - Name:

Principal Office Address:	Wiaming Address:
10793 Josh Fzell Grade Porry, FL 32348	10793 Josh Ezell Grade Perry, FL 32348
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the Dennis Planar	e registered agent are:
10793 Josh Eze Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
Perry, City, State	FL 32348

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 (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Dennis P Hunt 10793 Tosh Ezell Grade Perry, FL 32348
-	
	AR AR
(Use attachment if necessary)	SSEE,
CLE V: Effective date, if other than the date effective date is listed, the date must be to or 90 days after the date of filing.)	te of filing:
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitute	n 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury
that the facts stated herein	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)