## L06000020598

(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:			
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PROFES 24 PN 2: 31

06 FEB 24 PH 12: 5

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

New World	Trucking SSC.	FEB 24 PH 2: 3
		Art of Inc. File
		LTD Partnership File
		L.C. File
		Fictitious Name File  Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:	مامیاء یں۔	UCC 1 or 3 File
Name	<u>2 24 06 _11:5</u> Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGAI FOR FLORIDA LIMITED LIABIL		THE PASSED AS
ARTICLE I - Name:		7
The name of the Limited Liability Company is:		The same of the sa
NEW WORLD TR	UCKING	LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address	<u>s:</u>
756 Lake Jessie Dr	P. 0 E	3 ox 145
Winter Haven, FL 33881	Lakelan	d, FL 33802

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

756 Lake Jessie Drive
Florida street address (P.O. Box NOT acceptable)

Winter Haven

FLORIDA 33881

City, State, and 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, Florida Statutes...

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGR	Jose Gonzalez		
(Use attachment if necessary)			
(Osc attachment if necessary)			
NOTE: An additional article must be	added if an effective date is requested.		
NOTE: An auditional article must be	added if all effective date is requested.		
REQUIRED SIGNATURE:			
11/6			
Signature of a mambay or on a	uthorized spresentative of a member.		
Signapure of a member of an at	utilorized appresentative of a member.		
(In accordance with section 608.408(3), Florida Statutes, the execution			
of this document constitutes an a that the facts stated herein are tru	ffirmation under the penalties of perjury		
	, ·		
JOSE GON Typed or pri	nted name of signee		

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)