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PICK-UP	☐ WAIT	MAIL
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B. McKnight MAY 1 9 2006

# **COVER LETTER**

TO:

Registration Section

Division of Cor	rporations			
SUBJECT: LAN	HAM DUMP 7 (Name of Limite	RUCK Service d Liability Company)	LLC	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Davy	Lauham (	Name of Person)		
HANHAM	Dump TRuck	Service LLS Firm/Company)		
1900 0	Lacow ax	BLVD LOT (Address)		
Bunnell F1 32110 (City/State and Zip Code)				
For further information of	concerning this matter, please	call:		
Davy Lank	Arcson)	at (304) 74/ (Area Code & Daytime T	2512 elephone 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	ns	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	ΤI	CI	$\mathbf{E}$	I	_ '	N	am	e	•

The name of the Limited Liability Company is:

LANHAM DUMP TRUCK SERVICE LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### **ARTICLE II - Address:**

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

# Principal Office Address: Mailing Address: 1900 OLD MOODY Blud Lot Bunne II FL 32 II O Bunne II FL 32 II O Bunne II FL 32 II O

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name FRAN HAMILTON
2200 OLD mody Blud # 147-C Florida street address (P.O. Box NOT acceptable)
Bunnell Fl FL 32110 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 SECRETARY OF STATE DIVISION OF CORPORATIONS

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## ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCR	DAVY LANDAM 2200 OLD MOODY Blod # 147-C BYONE IL EL 32110
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the d	ate of filing: (OPTIONAL)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five business days prior
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.)

Typed or printed name of signee

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)