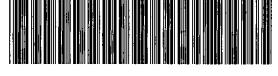
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(Re	equestor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Office:				
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## **COVER LETTER**

Division of Corp			
SUBJECT:V	ingin Islo	nds Trucki	ing
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.	
Please return all correspondence	endence concerning this matte	r to the following:	•
	Russel Y	Name of Person)	·
<u>vir</u>		ds Truckiv	\ <u>a</u>
	0,	Firm/Company)	0
835 NW 199 6treet			
		(Address)	
mi	ami, Floi	rida 3316	9
	(City/	State and Zip Code)	
For further information c	oncerning this matter, please	cali:	
Russel	M04.	at ( 305 ) 527 (Area Code & Daytime To	2740
Russel (Name	of Person)	(Area Code & Daytime To	etephone Number)
Enclosed is a check for	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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wir gin Islands (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Liab	Trucking LLC ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Miani F) 30,09	835 NW 199 8t. Miani, F) 33169
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Russell	noe
235 A.A.A.A	- E1.

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..

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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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:		
mbr	Russel Moe 835 NW 199 St. Michi 181. 33169		
<del></del>			
· · · · · · · · · · · · · · · · · · ·			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing: (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 a member or an authorized representative of a member.			
(In accordance with secti	ion 608.408(3), Florida Statutes, the execution		
	Sel Moe ed 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)

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APPROVED.