L06000060123

(Re	equestor's Name)
(Ad	ldress)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:





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06/13/06--01025--005 **160.00



SECRETARY OF STATE

CAPITAL CONNECTION, INC.

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

SATCO Truc	King, LLC	The second of th
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	1 Average Constitution of the Constitution of	
		7
·		Art of Inc. File
		LTD Partnership File
		Foreign Corp. 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:	lol	UCC 1 or 3 File
Name	10/13/06 10:04 Date Time	UCC 11 Search
1 tanic	Date HINC	UCC 11 Retrieval
Walk-In	_ Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
SATCO Trücking, LLC	
(Must end with the words "Limited Liability Company,"	"Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
-	
Principal Office Address:	Mailing Address:
2790 21st Street NW	2790 21st Street NW
Winter Haven, FL 33881	Winter Haven, FL 33881
business entity with an active Florida registration.) The name and the Florida street address of	•
Victor R. Smith, Atto	
, and the second se	Name
170 E Haines Boul	evard
Florida stre	eet address (P.O. Box <u>NOT</u> acceptable)
Lake Alfred	FL 33850
City, S	State, and Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as appaintly. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered light as provided for in Chapter 608, F.S
Registered Agent's	Skinkture/(REQUIRED)

(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:

MGRM" = Managing Member MGR	Scott A. Trask 2790 21st Street NW Winter Haven, FL 33881
	Winter Haven, FL 33881
 .	
Use attachment if necessary)	
E V. DCC alor dear ic alonders the d	data of films.
L V: Effective date, if other than the d	late of filing: (OPTION
ective date is listed, the date must be days after the date of filing.)	specific and cannot be more than five business d
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
_	ion 608.408(3), Florida Statutes, the execution

Filing Fees:

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

Scott A. Trask

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

.Typed or printed name of signee