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SECRETARY OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS



## **COVER LETTER**

TO:	Registration Se Division of Co					
CUDI	nom Hallsta	ar Trailers, Limited	Liability C	omnany		
SUBJI	ECI: Tranoa		d Liability Compa			
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing	ζ,		
		ondence concerning this matte				
	Marcus V	′. Hall				
			Name of Person)			· · · · · · · · · · · · · · · · · · ·
	Hallstar T	railers, LLC				
			(Firm/Company)	<u> </u>		DĮVISI <b>2006</b>
	13574 N	W Hwy 19, #3				NO JUN 19 PM
			(Address)			
	Chiefland	d, Florida 3262	6			JUN 19 PM 4: 19
		······································	/State and Zip Code	)		
For fur	ther information	concerning this matter, please	call:			1:19
Marc	cus V. Hall		at ( 352	490-93	08	
	(Name	of Person)	(Area Code	& Daytime To	elephone Number)	
Enclos	sed is a check fo	r the following amount:				
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	,	\$160.00 Filing Certificate of Statu Certified Copy (additional copy is enc	ıs &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Clifton Boundary 2661 Exe	ourier Address on Section of Corporation uilding cutive Center ee, FL 32301	ns	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Hallstar Trailers, Limited Liability Co (Must end with the words "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," or "L.C.,")	
A TOURISM TO RE. A J.J.		
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Compan	az ia:
The maning address and street address of	the principal office of the Linned Liability Compan	.y 15.
Principal Office Address:	Mailing Address:	
13574 NW Hwy 19, #3, Chiefland, FI	13574 NW Hwy 19, #3, Chiefland, FI	
32626	32626	
(The Limited Liability Company cannot serve as its own	stered Office, & Registered Agent's Signature	DIVISIO
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	n Registered Agent. You must designate an individual or another	SECRETA DIVISION OF
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	n Registered Agent. You must designate an individual or another	SECRETAR VISION OF (
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	n Registered Agent. You must designate an individual or another for the registered agent are:	SECRETAR VISION OF (
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Linda B. Burnett	f the registered agent are:	SECRETAR VISION OF (
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Linda B. Burnett	f the registered agent are:	SECRETAR VISION OF (
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Linda B. Burnett  13574 NW Hwy 19	f the registered agent are:	SECRETARY OF STATE. DIVISION OF CORPORATIONS
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Linda B. Burnett  13574 NW Hwy 19	f the registered agent are:	SECRETAR VISION OF (

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

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member

MGR

Marcus V. Hall

14271 NW 66th Avenue
Chiefland, FI 32626

MGR

Andrew J. Hall

1940 SE 35th Avenue
Trenton, Florida 32693

Trenton, Florida 32693

PM

F:

(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 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.)

Marcus V. Hall

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)