## L0600008a791

	equestor's Name)	
(Re	questoi s Name)	
	12	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	≘#)
□ PICK-UP	☐ WAIT	MAIL
	·	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
		ART'
		No

Office Use Only



700078864387

08/21/06--01048--017 \*\*160.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations			,	
SUBJECT: RYK	Trucking (Name of Limited Liab		Developma	ent LLC
The enclosed Articles of Organization	on and fee(s) are submitt	ted for filing.		
Please return all correspondence con	ncerning this matter to th	e following:		
Russe//	H Page	of Person)		-
RAKTE	veking + 10	company) Develo	pment	
9232 Sa	ndra Gra	ce Rd.		_
South por	f 71. 35	9409 and Zip Code)	ZOON AUG SECRETA TALLAHAS	
For further information concerning t	this matter, please call:		21 IRY C	
Russell H Pane (Name of Person)	at(	850 625- (Area Code & Daytime Te	5524 N	M O
Enclosed is a check for the follow	wing amount:			
	te of Status Cer	\$155.00 Filing Fee & tified Copy litional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Division of P.O. Box	on Section of Corporations	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:

Must end with the words "Limited Diability Company, "Limited	Oevelopment LLC Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9232 Sandra Grace Rd Southport 7/ 32409	9232 Sandra Grace Rd. Southport 71, 32409
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)  The name and the Florida street address of the reg	ed Agent. You must designate an individual or another
9232 Sandra C	orace Rd. ss (P.O. Box NOT acceptable)

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

Sussell H Proc OR 1232 Sandra Brake Road Southport FI 32409  Limberty Page 1232 Solidas Grace Road Southport, II, 32409  ARETARRY OF THE ANG 21
Southport, Il. 32409
HAS III
SA
STATE LORIDA
ate of filing: (OPTIONAl pecific and cannot be more than five business days
Ge Ta or an authorized representative of a member.
on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury in are true.)
7 / N 10 10 10 10 10 10 10 10 10 10 10 10 10

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)