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SECRETARY OF STATE DIVISION OF CORPORATIONS

# **COVER LETTER**

TO:	TO: Registration Section Division of Corporations			
SUBJECT: Vic-Kim Trucking, LLC (Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please	return all corresp	ondence concerning this matte	er to the following:	
	Harold R.			
		(1	Name of Person)	
	Vic-Kim T	rucking, LLC	•	
		. (	Firm/Company)	
14252 Burnt Store Road, PO Box 510385				
(Address)				
Punta Gorda, FL 33951				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Harold R. Frising at (941) 916-5360 (Name of Person) (Area Code & Daytime Telephone Number)				
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclo	sed is a check fo	r the following amount:		
<b>도</b> \$12:	5.00 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 Corporatio Clifton Building 2661 Executive Center	ns

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Vic-Kim Trucking, LLC (Must end with the words "Limited Liability Company, "Limited Company)	y" 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: Maili	ng Address:			
	ox 510385 Gorda, FL 33951			
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)	& Registered Agent's Signature: t. You must designate an individual or another			
The name and the Florida street address of the registere	d agent are:			
Harold R. Frising				
Name				
14252 Burnt Store Road				
Florida street address (P.O. Box NOT acceptable)				
Punta Gorda, FL 33955 FL City, State, and Zip	<del></del>			
Having been named as registered agent and to accept so liability company at the place designated in this certification registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performant accept the obligations of my position as registered agent.	ficate, I hereby accept the appointment as her agree to comply with the provisions of all ce of my duties, and I am familiar with and			

(CONTINUED)
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Registered Agent's Signature (REQUIRED)

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: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Harold R. Frising 14252 Burnt Store Road, PO Box 510385 Punta Gorda, FL 33951

(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.)

Harold R. Frising

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)

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