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(Requ	estor's Name))
(Addr	ess)	
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(City/s	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer	em.
Conv.		

Office Use Only



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TAIL AHASSEE, FLORIG

COVER LETTER

Division of Corporations	
SUBJECT: Network Hauler, LLC	;
	ng Florida Limited Company)
	Articles of Organization, and fees are submitted to "Florida Limited Liability Company" in
Please return all correspondence concern	ing this matter to:
Lawrence N. Raimondi, Jr.	
(Contact Person)	
Raimondi & Associates, LLC	
(Firm/Company)	
3391 Town Point Drive, Suite	215
(Address)	•
Kennesaw, Georgia 30144	
(City, State and Zip Code	E)
For further information concerning this r	natter, please call:
Lawrence N. Raimondi, Jr.	at (404) 843-9661
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following am	ount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	\$ \$180.00 Filing Fees and Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this		
Network Hauler, The Polo-80124		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a S-Corporation.		
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)		
first organized, formed or incorporated under the laws of Florida		
(Enter state, or if a non-U.S. entity, the name of the country)		
on 06/09/2006		عاور .
(Enter date "Other Business Entity" was first organized, formed or incorporated)		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:	06 OCT	m
N/A SSE	က်	
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	PM 2: 5	T U
Network Hauler, LLC	55	

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effe (The effective date: 1) cannot be prior to nor mo document is filed by the Florida Department of S effective date listed in the attached Articles of Or listed therein.)	re than 90 days after the date this tate; <u>AND</u> 2) must be the same as the
Signed this 4th day of October	
Signature of Authorized Person:	u
Printed Name: Duken Brown Title:	Registered Agent/Managing Member
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Network Hauler, LLC

(Must end with the words "Limited Liability Company, "Limited Company" 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:

Mailing Address:

1935 N. Laura Street

Jacksonville, Florida 32206

1935 N. Laura Street

Jacksonville, Florida 32206

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Duken Brown

1935 N. Laura Street

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

Jacksonville, Florida Fr. 32206

City, State, and Zip

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 60% 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:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Men	ther
~ -	1001
MGRM	Duken Brown
	1935 N, Laura Street
	Jacksonville, Florida 32206
MGRM	Dare II Dream Enterprises, Inc.
	2784 Bottlicelli Drive
	Henderson, NV 89052
	(Use attachment if necessary)
<u> </u>	(Use attachment if necessary)
CLE V: Effective date, if other	`
CLE V: Effective date, if other	`
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ONAL) effective date is listed, the dess days prior to or 90 days a REQUIRED SIGNATURE Signature of a member (In accordance with second this document constitution)	ate must be specific and cannot be more than five fter the date of filing.) E: or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury he facts stated herein are true.)

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)