

L070000024071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

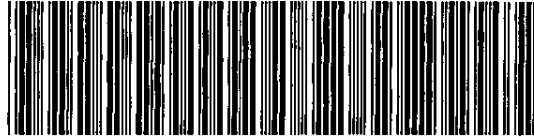
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700089933737

03/02/07--01005--003 \*\*130.00

EFFECTIVE DATE  
02/26/07

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAR - 2 PM 2:05

J. BRYAN MAR - 3 2007

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Performance Motor Carriers, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00  
Filing fee & Designation  
of Registered Agent

☒ \$130.00  
Filing Fee, Designation of  
Registered Agent, &  
Certificate of Status

☐ \$160.00  
Filing Fee, Designation  
of Registered Agent,  
Certified Copy,  
Certificate of Status

Please return all correspondence concerning this matter to the following:

Richard Simpson  
P.O. Box 521812  
Longwood, FL 32752

For Further information concerning this matter, please call: Richard Simpson at (407) 739-2600.

**Street Address:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAR -2 PM 2:00

ARTICLES OF ORGANIZATION  
OF  
PERFORMANCE MOTOR CARRIERS, LLC

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
07 MAR - 2 PM 2:06

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

**ARTICLE I - NAME**

The name of the Limited Liability Company is: Performance Motor Carriers, LLC.

**ARTICLE II - ADDRESS**

The mailing address and the street address of the principal office of the Limited Liability Company is 409 Misty Oaks Run, Casselberry, Florida 32707.

**ARTICLE III - REGISTERED AGENT**

**EFFECTIVE DATE**  
02/26/07

The registered agent of this company shall be:

NAME

ADDRESS

Richard Simpson

409 Misty Oaks Run  
Casselberry, FL 32707

*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.*

  
Richard Simpson

**ARTICLE IV - MANAGEMENT**

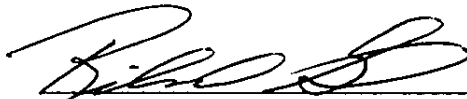
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Richard Simpson 409 Misty Oaks Run Casselberry, FL 32707

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
07 MAR - 2 PM 2:06

**ARTICLE V - EFFECTIVE DATE**

The effective date of the Limited Liability Company is requested to be Feb 26, 2007.



\_\_\_\_\_  
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.)

Richard Simpson  
Printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 26th day of February 2007.

  
Richard Simpson


FILED STATE  
SECRETARY OF CORPORATIONS  
07 MAR -2 PM 2:06

STATE OF FLORIDA     )  
                                  )  
COUNTY OF SEMINOLE    )

The foregoing instrument was acknowledged before me this 26th day of February 2007, by Richard Simpson, who is personally known to me or who has produced driver's license as identification and who did take an oath.

FL DL #SS12-750-41-430-0



  
Notary Public, State of Florida  
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

  
Richard Simpson

DATE: February 26, 2007