Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000128833 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

: HUBCO Account Name

Account Number: 104662003400 : (516)935-3940 Phone : (516) 935-3088

Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Hilltop Trucking of Florida, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Corporate Filing Menu

Help

Electronic Filing Menu

5/10/2007

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Hilltop Trucking of Florida, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:		Mailing /	<u> ddress:</u>		
707 West Lake Road		P.O. Box 480			
Wimamus, FL 33598		Wimamı	1a, FL 33598		
	,				•
		,			
ARTICLE III - Registered Ag The name and Florida street address of		e & Reg	istered Age	nt's Signature	, ,
•	Anthony J. Piedi	monte	•		
		Name			
	707 West Lake	Road			
	(P.O. Box or M	lail Drop Box	NOT Acceptable	c)	
	Wimamua, FL 3	3598	·		

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 apacity. 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.

(City / State / Zip)

Registered Agent's Signature - Anthony J. Piedimonte

THAY IO AM IO: 22
CRETARY OF STATE
ANASSEF FI ORIDA

ARTICLE IV - Manager(s) of The name and address of each Man	r Managing Member(s); ager or Managing Member is as follows:	H0/00012883:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Anthony J. Piedimonte- 707 West Lake Road, Wimamua, FL	33598
MGRM	Jeffrey Williams-707 West Lake Road, Wimamua, FL 33598	<u> </u>
(Use attachment if necessary) REQUIRED SIGNATURE:		•
	of a member of authorized representative of a member.	
(In accorda	nce with section 608.408(3), Florida Statutes, the execution of this onstitutes an affirmation under the penalties of perjury that the fac	
	Anthony J. Piedimonte	

Typed or printed name of signee