

LOG 000000800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

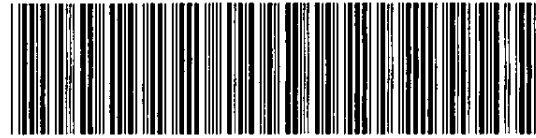
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/03/08--01033--004 **155.00

RECEIVED
08 JAN -3 AM 11:34
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

1/1/08

B. KONR

JAN 03 2008

EXAMINER

FILED
08 JAN -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charter Number Only

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08 JAN -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/2/08 Alicia/shause

VALIDATION ONLY

EFFECTIVE DATE 1/1/08

Requestor's Name

Address

City

State

ZIP

Phone

Broward

CORPORATION(S) NAME

Aldin E Williams Trucking, LLC

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other LLC
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Pick-Up
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028

COVER LETTER

EFFECTIVE DATE 1/1/08

TO: **Registration Section
Division of Corporations**

SUBJECT: ALDIN R WILLIAMS TRUCKING, LLC
(Name of Limited Liability Company)

FILED
08 JAN -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALDIN R WILLIAMS
(Name of Person)

7040 SEMINOLE PRATT WHITNEY
(Firm/Company)

SUITE 25-33
(Address)

LOXAHATCHEE, FL 33470
(City/State and Zip Code)

For further information concerning this matter, please call:

ALDIN R WILLIAMS TRUCKING, LLC at (561) 248-1509
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE 1/1/08

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALDIN R WILLIAMS TRUCKING, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7040 SEMINOLE PRATT WHITNEY

7040 SEMINOLE PRATT WHITNEY

SUITE 25-33

SUITE 25-33

LOXAHATCHEE, FL 33470

LOXAHATCHEE, FL 33470

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:

ALDIN R WILLIAMS

Name

7040 SEMINOLE PRATT WHITNEY

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

LOXAHATCHEE, FL 33470

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 608, F.S..

Aldin R. Williams

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ALDIN R WILLIAMS

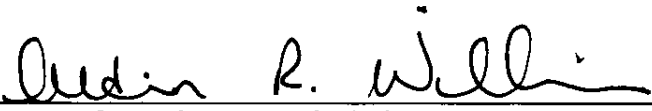
7040 SEMINOLE PRATT WHITNEY, STE 25-33

LOXAHATCHEE, FL 33470

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2008. (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.)

ALDIN R WILLIAMS

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)