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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies, | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: A. Moore & Judy Trucking | g, LLC |
| | Liability Company) |
| The enclosed Articles of Organization and fee(s) are su | ibmitted for filing. |
| Please return all correspondence concerning this matter | r to the following: |
| Alan P. Byrd, Attorney at Law | 1 |
| (1) | Name of Person) |
| Alan P. Byrd, Attorney at Lav | V |
| (1 | Firm/Company) |
| 1031 Ives Dairy Road, Suite | 228 |
| | (Address) |
| Miami, FL 33179 | |
| (City/ | State and Zip Code) |
| For further information concerning this matter, please of | call: |
| Alan P. Byrd | at (305) 655-2196 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\times\$ Certificate of Status | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| A. Moore & Judy Trucking, LLC | | | |
| (Must end with the words "Limited Liabili | ity Company, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street address of the pr | incipal office of the Limited Liability Comp | pany | / is: |
| Principal Office Address: | Mailing Address: | | |
| 2461 NW 208th Street | 2461 NW 208th Street | | |
| Miami Gardens, FL 33056 | Miami Gardens, FL 33056 | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re Alan P. Byrd, Attorne Name | ered Agent. You must designate an individual or another egistered agent are: | . 08.IAN II PH | SECKE PAR 1 |
| 1031 Ives Dairy Road, Suite 228 | | .; <u>.</u> | |
| Florida street address (P.O. Box NOT acceptable) | | 5 | · |
| Miami, FL 33179 | FL | • | } ; |
| City, State, a | nd Zip | | |
| Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete peaccept the obligations of my position as regis | his certificate, I hereby accept the appointme v . I further agree to comply with the provisior formance of my duties, and I am familiar wi | nt a ns o ith a | s fall nd |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|-------------------------------|-------------------------|
| "MGRM" = Managing Member | |
| MGRM | Alpheus A. Moore |
| | 2461 NW 208th Street |
| | Miami Gardens, FL 33056 |
| MGRM | Judy Hunter |
| | 2461 NW 208th Street |
| | Miami Gardens, FL 33056 |
| | |
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>January 15, 2008</u>. (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.)

Junter
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)