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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAR - 7 2008

**EXAMINER** 

# **COVER LETTER**

Division of C				
RAMS	Trucking, LLC			
·.	(Name of Limite	d Liability Comp	pany)	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filir	ng.	
Please return all corres	pondence concerning this matte	er to the followin	g:	
Mariel Kosto	poulos			
	(	Name of Person)		
RAMS Truck	king, LLC.			
	(	(Firm/Company)		
2642 Alcaza	ır Dr, Miramar, FL 33023	3		
		(Address)		
Miramar, FL	33023	٠		•
	(City	State and Zip Cod	le)	
For further information	concerning this matter, please	cail:		
Mariel Kostopoulo	s	617	331-2405	
(Nam	e of Person)		de & Daytime Tele	ephone Number)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & [ Certificate of Status	\$155.00 Filin Certified Co (additional cop	рру	\$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	Registrat Division Clifton E 2661 Ex	ourier Addression Section of Corporations Building ecutive Center C	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	1 10 1	Min	
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The name of the Limited Liability Company is:

RAMS 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:	
2642 Alcazar Drive	_ 2 Colburn Lane	***************************************
Miramar, FL 33023	Abington, MA 02351	

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:

Name

Radhames P. Soto

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

2642 Alcazar Dr., Miramar, FL 33023

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

OR MAR - 6 PM 2: 30

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

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

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member	•		
MGRM	Mariel Kostopoulos		
	2 Colburn Lane		
	Abington, MA 02351		
MGR	Alexander Kostopoulos		
	2 Colburn Lane		
	Abington, MA 02351		
·			
	•		
	7.7		
,			
(Use attachment if necessary)			

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

Mariel Kostopoulos

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)