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SECRETA

J. BRYAN

JUN - 3 2008

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Heir Force Trucking, L.L.C. (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Carmela Delassus		
(Name of Person)	_	
Heir Force Trucking		
(Firm/Company)		
450543 Old Dixie Hwy	_	ಆ
(Address)  (Address)  (Callahan, FL 3201) (City/State and Zip Code)	00 111WI-2 PM 4:26	SECRETABILITIES OF LANGE
For further information concerning this matter, please call:	PM 4	CORPORA CORPORA
Cume a Dela Sous at (904) 860-8830 (Area Code & Daytime Telephone Number)	: 26	TIONS
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times Certificate of Status (additional copy is enclosed) \$\times 160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Street/Courier Address		

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

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:	
Heir Force Trucking (Must end with the words "Limited Liability)	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
450543 Old Dixie Hwy Collahan, FL 32011	450543 Old Dixie Hwy Callahan, FL 32011
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re  Lin Delas 6  Name  450543 Old 1	red Agent. You must designate an individual or anothe VISCORE FOR FORE FORE FORE FORE FORE FORE FO
City, State, an	rd 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

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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

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)

that the facts stated herein are true.)