

L09000044390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

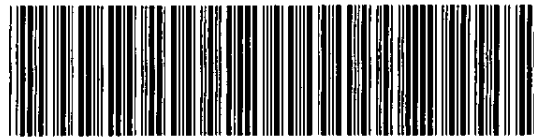
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



100151435961

04/09/09--01041--013 \*\*105.00

05/05/09--01004--024 \*\*25.00

Effective Date 5/1/09

09 APR - 9 AM 10:26

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

- Originally submitted  
as reinstatement on 4/9/09  
- wishes to file a new  
Fla LLC  
- Let

B. T. T. MAY 07 2009

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ETN TRUCKING LLC  
(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:

ERNEST T. NEWTON  
(Name of Person)

ETN TRUCKING LLC  
(Firm/Company)

11859 WEST HWY 328  
(Address)

Ocala Florida 34482  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY NEWTON at ( 352 ) 362-0277  
(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)

20<sup>00</sup>  
5<sup>00</sup> Certificate of Status

105<sup>00</sup> already set under ETN TRUCKING LTD Credit

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:

ETN TRUCKING LLC

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

Effective Date 5/1/09

### ARTICLE II - Address:

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

#### Principal Office Address:

11859 W Hwy 328  
OCALA FLORIDA  
34482

#### Mailing Address:

Box 770537  
OCALA FLORIDA  
34477

### 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:

MARY NEWTON  
Name

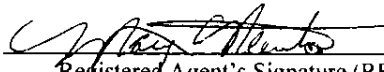
11859 WEST HWY 328

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

OCALA FL 34482  
City, State, and Zip

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR - 9 AM 10:26

*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)

**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

MARY NEWTON  
11859 W HWY 32P  
OCALA FL 34482

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 05-1-09 (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:**

Mary Newton  
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.)

MARY NEWTON  
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)**