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PICK-UP WAIT MAIL
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2009 JUL 13 PM 12: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUL 14 2009

**EXAMINER** 

# **COVER LETTER**

SUBJECT:	R.D. '	White Trucking LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corre	spondence concerning this mat	tter to the following:		
	Ro	bert D. White Jr.		
		Name of Person		
	_	S:(C		
		Firm/Company		
	79	N. Meadow Dr.		
		Address		ਹ ⊵
	Pla	nt City, FI 33565		SEC.
	Ci	ty/State and Zip Code		
		•		5-
	E de la disease (as because d	9 futbreat 1 p. 1 - 21	\\.	L 13
	•	क कांग्यक्त के है। अ for future annual report notificat	ion)	2009 JUL 13 PM SECRETARY OF TALLAHASSEE.F
For further information	E-mail address: (to be used n concerning this matter, pleas	•	ion)	TARY OF STATASSEE, FLOR
	•	e call:	283-8439	TARY OF STATE
Robe	n concerning this matter, pleas	e call:	283-8439	PM 12: 28 OF STATE E. FLORIDA
Robe Nan	n concerning this matter, pleas	e call: at (813)	283-8439	PM 12: 28 OF STATE E. FLORIDA
Robe Nan Enclosed is a check	n concerning this matter, pleas rt D. White Jr. te of Person	e call: at (813)	283-8439 c Telephone Number  \$160.00 Fi Certificate cd) Certified (	OF STATE CRIDA Gling Fee, e of Status &

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
D.D. Milata Tours	lde a LLO
R.D. White Truc  (Must end with the words "Limited Liabili	
(Must end with the words. Chanted Elabiti	ty Company, E.E.C., or Elec. )
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:
70 N. Maradas D.	70 N Mandau Da 72 12 12
79 N. Meadow Dr.	79 N. Meadow Dr.
Plant City, Fl 33565	79 N. Meadow Dr. ASS Plant City, Fl.33565 ASS TO SERVICE TO SERVIC
	TAR: 3
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The Limited Liability Company cannot serve as its own Registe	ered Agent. You must designate an individual or a pather
business entity with an active Florida registration.)	는 <mark>것 당</mark>
The name and the Florida street address of the re	egistered agent are:
	<b>₹</b>
Robert D. W	/hite Jr
Name	
79 N. Mead	low Dr.
Florida street address (P.O.	Box NOT acceptable)
Plant City	FL
City, State, an	

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:

<u>Title:</u> "MGR" = Manage	ar	Name and Address:		
"MGRM" = Mana				
MGR	_	Robert D. White Jr. 79 N. Meadow Dr. Plant City, Fl 33565		- - -
MGRM	_	Daniel E. White 79 N. Meadow Dr. Plant City, Fl 33565		<del></del>
	_		SECRETALL AHA	2005 JUL
/II 44 . 1	<u> </u>		SSEE !	- 3 F
(Use attachment is	necessary)		10.1 71.S	<u> </u>
ARTICLE V: Effective d			( <b>9</b> 710	ONAL)
(If an effective date is list to or 90 days after the dat	•	pecific and cannot be more than five b	usiness	days prior
REQUIRED SIG	NATURE:	an authorized representative of a member.		
	(In accordance with section	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury		
		obert D. White Jr		
Filing Fees:	Typed	or printed name of signee		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)