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SECRETARY OF STATE
ALLAHASSEF FLORE

D. BRUCE

AUG 31 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WILDCAT TRUCKING VENTURES, 21C 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:
David Neely Name of Person
WILDEAT TRUCKING VENTURES, LIC
1641 So. Peremeter Roan #34
Fr. LAuderdale Fr 33309
City/State and Zip Code Sold Meely I @ gmail. Com E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVID Neely at 954 594-0005 85 7 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\$\$\$ \$

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:	
WILDCAT TRUCK	Company,""L.L.C.," or "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 princ	
Principal Office Address:	Mailing Address:
1641 S. Perimerer Roap	CAME AGENT 28
HANGER 34 IT. LANGERDALE, FL 33309	## ₹ m
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	d Agent. You must designate an individual to enother
The name and the Florida street address of the reg	erer ROAD HANGAR 34 X NOT acceptable)
1641 S. Perim	erer ROAD HANGAR 34
Florida street address (P.O. Bo H. Laudense F	x NOT acceptable)
City, State, and	Zip
Having been named as registered agent and to acceliability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete performancept the obligations of my position as register.	certificate, I hereby accept the appointment as further agree to comply with the provisions of all rmance of my duties, and I am familiar with and
/ () / () / / / / / / / / / / / / / /	7

(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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Me	ember
MGR	DAUID Neely
	DAUID Neely 33 E. CAMINO ROAJ #123 BOCA RATON, FL 33432
	BOXA RATON, FL 33432
(Use attachment if necessar	rv)
of days after the date of filing REQUIRED SIGNATUR	<u> </u>
Signature	of a member or an authorized representative of a member.
(In accorda	ance with section 608.408(3), Florida Statutes, the execution
of this doc t let the fac	ance with section 606.700(5), Florida Statites, the execution
Armedo in	cument constitutes an affirmation under the penalties of perjury cts stated herein are true.)
	cument constitutes an affirmation under the penalties of perjury cts stated herein are true.)
	cument constitutes an affirmation under the penalties of perjury
Filing Fees:	cument constitutes an affirmation under the penalties of perjury cts stated herein are true.) Typed or printed name of signee
Filing Fees: \$125.00 Filing Fee for Artic	Typed or printed name of signee Typed or Designation Typed or Designation Typed or Designation
Filing Fees:	Typed or printed name of signee Cles of Organization and Designation Int Other Designat