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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)	4	
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Effective Date 9/16/09

SECRETARY OF STATE DIVISION OF CORPORATIONS
09 SEP 21 AN 11:00

T. HAMPTON

SEP 2 2 2009

EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Excel National Trailer 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:				
Garrison Banks				
Name of Person				
Excel National Trailer LLC				
Firm/Company				
351 N Jog Road				
West Palm Beach, Ft 33413				
Entrailer @ Smail. Com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Garrison Banks at 561, 686 4665				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\times 160.00 Filing Fee, Certified Copy (additional copy is enclosed)				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## Effective Date 9/16/09

Mailing Address:

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
Excel National Trailer LLC			
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")			

#### **ARTICLE II - Address:**

**Principal Office Address:** 

**ARTICLE I - Name:** 

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

351 N Jag Road	351 N Jog Rd
West Palm Beach, Fr. 33413	Test Palm Beach 7 33413
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg	
business entity with an active Florida registration.)	<b>5</b>

The name and the Florida street address of the registered agent are:

Excel Fleet Service, Inc.

Name

Sol N Jog Road

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

WPB

FL 33413

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 (RSQUIRED)

(CONTINUED)

SECRETARY OF STATE OF CORPORATIONS

#### Page 1 of 2

ARTICLE IV- Manager(s	) or Managing I	Member(	s)	:
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member  MGR  MGR  MGRM	GARRISON Banks 931 Palm Trail #1 Petray Boch, 7c. 33483  Tracy Wayne Madon 124 N# 16thort Fort Landerdale, Fr. 33305		
(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.)			
Filing Fees:	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)