

**L10000017139**

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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

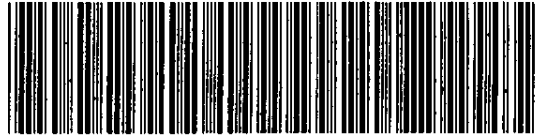
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(Document Number)

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Certificates of Status \_\_\_\_\_

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10 FEB 15 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Oregon FEB 15 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Marin 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:

Jairo Marin

Name of Person

Marin Trucking, LLC

Firm/Company

8806 Covered Bridge CT.

Address

Tampa, FL 33634

City/State and Zip Code

marin0428@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jairo Marin

Name of Person

at ( 813 ) 476-6288

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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2010

JAIRO MARIN  
8806 COVERED BRIDGE COURT  
TAMPA, FL 33635

SUBJECT: MARIN TRUCKING, LLC  
Ref. Number: W10000001287

We have received your document for MARIN TRUCKING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

This document was received on 01/11/10.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 210A00000928

02/10/10

Please > Enter the corrections.

Thank.

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Marin Trucking, 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 principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

8806 Covered Bridge CT  
Tampa, FL 33634

8806 Covered Bridge CT  
Tampa, FL 33634

**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:

Jairo Marin

Name

8806 Covered Bridge CT.

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

Tampa, FL 33634

FL

City, State, and Zip

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ALLAHASSEE, FLORIDA

*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:**

MGRM

Jairo Marin

8806 Covered Bridge CT

Tampa, FL 33634

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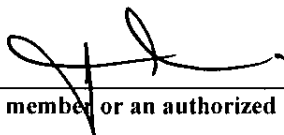
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/10, 2010 (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.)

Jairo Marin

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)**

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10 FEB 15 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA