

**L10000019107**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

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**10 FEB 18 AM 11:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**D. BRUCE**

**FEB 19 2010**

**EXAMINER**

## TRANSMITTAL LETTER

TO: REGISTRATION SECTION  
DIVISION OF CORPORATIONS

SUBJECT: LIGHTNING TRUCKING LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEE(S) ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

LIGHTNING TRUCKING LLC

C/O WILLIAM LENNAN

PO BOX 8004

COCOA, FL 32924

FILED  
10 FEB 18 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

WILLIAM LENNAN 321-632-4332

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

<input type="checkbox"/> \$125.00 FILING FEE	<input checked="" type="checkbox"/> \$130.00 FILING FEE & CERTIFICATE OF STATUS	<input type="checkbox"/> \$155.00 FILING FEE & CERTIFIED COPY*	<input type="checkbox"/> \$160.00 FILING FEE CERTIFICATE OF STATUS & CERTIFIED COPY*
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\*(ADDITIONAL COPY ENCLOSED)

### STREET ADDRESS:

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
409 E. GAINES STREET  
TALLAHASSEE, FL 32399

### MAILING ADDRESS:

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32314

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

**ARTICLE 1- NAME**

**THE NAME OF THE LIMITED LIABILITY COMPANY IS:**

**LIGHTNING TRUCKING LLC**

**ARTICLE II - ADDRESS**

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

**PRINCIPAL OFFICE ADDRESS**

1012 MEDALLION DRIVE  
ROCKLEDGE FL 32955

**MAILING ADDRESS**

P O BOX 8004  
COCOA, FL 32924

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE:**

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

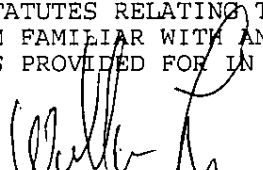
WILLIAM LENNAN

1012 MEDALLION DRIVE

ROCKLEDGE FL 32955

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10 FEB 18 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, 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.

x   
REGISTERED AGENTS SIGNATURE

**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER IS AS  
FOLLOWS:**

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

TITLE:

NAME & ADDRESS

"MGR"= MANAGER

"MGRM"= MANAGING MEMBER

MGR

WILLIAM LENNAN  
1012 MEDALLION DRIVE  
ROCKLEDGE, FL 32955

MGRM

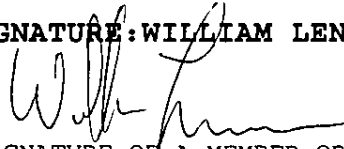
MGRM

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TALLAHASSEE, FLORIDA

NOTE: AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED.

**REQUIRED SIGNATURE: WILLIAM LENNAN**

X

  
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.)

WILLIAM LENNAN  
TYPED OR PRINTED NAME OF SIGNED

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)