

L10000030496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

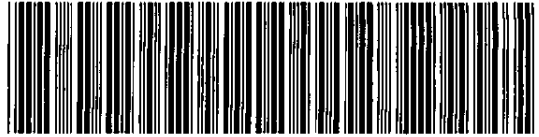
(Business Entity Name)

(Document Number)

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FILED  
10 MAR 18 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
MAR 19 2010  
EXAMINER

S. HAWKES  
MAR 9 2010  
EXAMINER

W10-17141



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2010

BARRINGTON IRVING  
7617 UDINE AVE  
ORLANDO, FL 32819

SUBJECT: B.I. TRUCKING L.L.C.  
Ref. Number: W10000012141

We have received your document for B.I. TRUCKING L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only have one Registered Agent please select one and remove the other one from article III.,

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 810A00005955

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B. I. 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:

BARRINGTON IRVING  
Name of Person

B. I. TRUCKING, LLC  
Firm/Company

7617 UDINE AVE.  
Address

ORLANDO, FLORIDA 32819  
City/State and Zip Code

birving59@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARRINGTON IRVING at (407) 325-0283  
Name of Person 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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

B. I. TRUCKING L.L.C.

(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:**

7617 Udine Ave.  
Orlando, Florida 32819  
US-A

**Mailing Address:**

7617 Udine Ave.  
Orlando, Florida 32819

**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:

BARRINGTON IRVING

Name

7617 Udine Ave

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

ORLANDO FL 32819

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.*

Barrington Irving

Registered Agent's Signature (REQUIRED)

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10 MAR 18 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10 MAR 18 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGR/MGRM

MGR  
MGRM

BARRINGTON IRVING  
7617 Udine Ave  
Orlando, Fla 32819

PAULA JOHNSON  
7617 Udine Ave  
ORLANDO, Fla 32819

(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:**

Paula Johnson  
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.)

PAULA JOHNSON  
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)**