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# **COVER LETTER**

, TO:

į	TO: Registration Section Division of Corporations				
	SUBJECT: A.C.E. Trucking LLC.		_		
	Name of Limited	l Liability Company			
	The enclosed Articles of Organization and fee(s) are su	ibmitted for filing.			
	Please return all correspondence concerning this matter	to the following:			
	Arturo R. Caceda Zavaleta		•		
	· N	Name of Person	<u>-</u>		
	A.C.E. Trucking LLC.				
	F	Firm/Company			
	12919 Club Drive				
		Address	<del></del>		
	Hudson, Florida 34667	2	10 H		
	City/S	State and Zip Code	A.		
	cacedaa@hotmail.com	(A.7)	2+		
		future annual report notification)	⊋ [		
	For further information concerning this matter, please call:				
	Arturo R. Caceda Zavaleta	at (305 )807-0650	6		
	Name of Person	Area Code & Daytime Telephone Number			
	Enclosed is a check for the following amount:		•		
C	☑\$125.00 Filing Fee ♣ ☐\$130.00 Filing Fee ♣ ☐ Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing For Certified Copy (additional copy is enclosed) □ \$160.00 Filing For Certificate of State Certified Copy (additional copy is constitutional co	atus &		
	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

ART	<b>ICLE</b>	I -	Name	e:

The name of the Limited Liability Company is:

A.C.E. 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 Uffice Address:	Mailing Address:	
12919 Club Drive	12919 Club Drive	•
Hudson, FL	Hudson, FL	
34667	34667	

## 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:

Arturo R.	Caceda Zavaleta		0	
	Name		MY	# E
12919 Clu	ub Drive	SSE .	24	7
	Florida street address (P.O. Box <u>NOT</u> acceptable)	in di	PH	T I
Hudson	FL 34667		$\ddot{\nu}$	S principles
	City, State, and Zip		<b>69</b>	

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 (REOUIRED)

(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:

<u>Title:</u>		Name and Address:	
"MGR" = Mana			
"MGRM" = Mai	naging Member	,	
MGR		Arturo R. Caceda Zavaleta	
		12919 Club Drive	
		Hudson, FL 34667	
MGR			
WIGK		Lisa M. Caceda	
		12919 Club Drive	
		Hudson, FL 34667	
	·		
/II	• • • • • • • • • • • • • • • • • • • •	· ·	
(Use attachment	if necessary)		
ADTICLE V. Effective	data if other than the de	oto of filing: (ODTION	JAIN
		ate of filing: (OPTION pecific and cannot be more than five business d	
to or 90 days after the d		specific and cannot be more than five business d	ays prioi
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<u>REQUIRED</u> SI	GNATURE:	5.3	ı.
			<b>*</b> ***
·	016		)
	- A Par	o beaceda	l <sub>e</sub>
	Signature of a mentiler of	or an authorized representative of a member.	
	(In accordance with section	on 608,408(3), Florida Statutes, the execution	
	of this document constitut	tes an affirmation under the penalties of perjuny	
	that the facts stated hereir	n are true.)	
	Arturo R. Caceda Zava		
	Турес	d 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)