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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: E C RUCKIA Name of Limited Liabi	1a (1 Limiter) LimBility Company
The enclosed Articles of Organization and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Phyllis A. Cumm	iN95
C'ECTRUCKING Firm/C	mpany (Choho C.)
431 46th Str	ect West
	i DA 34221 nd Zip Code
Pac 964 @ M5 E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Phyllis A. Cummings at C	741 722-3454 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	, , , , , , , , , , , , , , , , , , ,
Certificate of Status Cert	5.00 Filing Fee & S160.00 Filing Fee, rtified Copy ditional copy is enclosed) 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

1/

ARTICLE I - Name: The name of the Limited Liability Company is:	
CECTRUCK'NG 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 Lia	ability Company is:
Principal Office Address: 131 46th St W. Cf.C TRUCK; N PALMETTO FL. 431 46th St PALMETTO, FL.	5"L.L.C". West 34221
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: \(14\lloop \lloop \ll	TALLUTASSEE, FLORIDA
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I am	e appointment as the provisions of all

Phyllip a. Cummings

Registered Agent's Signature (REOLURED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Phyllis A. Cummings 431 46th 5+ W.
"MGRM"	RUSSELL K. CHCRNUGEL 1431 461h St W. PALMETTO FL. 34221
	
(Use attachment if necessary)	-
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	the date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
<u>required</u> signature: Phyllic	Der or an authorized representative of a member.
(In accordance with s	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
Filing Fees:	Typed or printed name of signee
\$125.00 Filing Fee for Articles of Org of Registered Agent \$ 30.00 Certified Copy (Optional)	anization and Designation

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

\$ 5.00 Certificate of Status (Optional)