# LIDOODING

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |

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L. SELLERS

JUN 2.4 2010

**EXAMINER** 



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## COYER LETTER

| TO:     | Registration S<br>Division of Co      |   |   |  |
|---------|---------------------------------------|---|---|--|
| SUBJE   | ест: <u>Ви</u>                        | DDYS RUCK<br>Name of Limit  | YING SERVICE<br>ed Liability Company  | L.L.C  |
| The end | closed Articles o                     | of Organization and fee(s) are  | submitted for filing.   |  |
| Please  | return all corres <sub>i</sub>        | oondence concerning this mat  | ter to the following:   | 633<br>Af<br>1 4   |
|         | RAMD                                  | ATT GI  | RDHAR) Name of Person   | ·  |
|         | Buddy                                 | 15 TRUCKING   | RDHARI  Name of Person  SERVICE L.  Firm/Company  | L.C.   |
|         | 19/2                                  | Michelia  | 1   |  |
| •       |                                       |   | Address   |  |
|         | KISSIM                                | MEE FL  | Address  3 H 7 5 9  y/State and Zip Code  |  |
| •       | · · · · · · · · · · · · · · · · · · · | Cit   | y/State and Zip Code  |  |
| _       | •                                     | Buddys-Truck  | or future annual report notification)   | om   |
| For fur | ther information                      | concerning this matter, please  |   |  |
| RA      | MDATT                                 | GIRDHARI  | at ( <u>407</u> ) <u>744 - 1.</u><br>Area Code & Daytime Telep  | 240 >  |
|         | Name                                  | of Person   | Area Code & Daytime Telep   | phone Number   |
| Enclos  | ed is a check for                     | or 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,<br>Certificate of Status &<br>Certified Copy<br>(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 C |  |

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2010

RAMDATT GIRDHARI 1960 MICHIGAN CT KISSIMMEE, FL 34759

SUBJECT: BUDDY'S TRUCKING SERVICE L.L.C.

Ref. Number: W10000028412

We have received your document for BUDDY'S TRUCKING SERVICE L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 14, 2010. Please amend your document accordingly.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 610A00014754

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

| A | R | ΓI | CI | Æ | 1 | _ | N | am | e | : |
|---|---|----|----|---|---|---|---|----|---|---|
|   |   |    |    |   |   |   |   |    |   |   |

The name of the Limited Liability Company is:

Bydd ys Trucking SER vice 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: | Mailing Address: |
|---------------------------|------------------|
| 1960 MICHIGAN CT          | 1960 MICHIGAN CT |
| KISSIMMEE FL              | KISSIMMET FL     |
| 84759                     | 34759            |
| -                         |                  |

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:

| RAMIDATT     | GIRD         | HARI                   |
|--------------|--------------|------------------------|
| Na           | me           |                        |
| 1960 MICHICA | AN           | 67                     |
|              |              | O. Box NOT acceptable) |
| KISSIMMEE    | _FL_         | 34759                  |
| City,        | State, and 2 | 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.

Registered Agent's Signature (REQUIRED)

(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:

| "MGR" = Manager<br>"MGRM" = Managing Member   | •   |
|---|---|
| MGR   | RAMBATT SIRDHARI 1960 MICHIGAN CT KISSIMMEE FL 34759  |
|   |   |
|   |   |
| (Lice attachment if page grown)   |   |
| (Use attachment if necessary)  LE V: Effective date, if other than th  fective date is listed, the date must b  days after the date of filing.) | e date of filing: $6-25-20/0$ . (OPTION be specific and cannot be more than five business dates $\frac{6}{2}$ |

**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.)

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)