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SLORETARY OF STATE DIVISION OF CORPORATION 10 AUG -2 PH 2 21

EFFECTIVE DATE 7/30/2010

B. KOHR

AUG 1 3 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2010

JAMES RANDOLPH CASTLEBERRY P.O. BOX 629 ALTHA, FL 32421

SUBJECT: C & H TRUCKING, L.L.C.

Ref. Number: W10000036399

F97-6872

We have received your document for C & H 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):

Please note that we have RETAINED your \$160.00 payment.

The PRINCIPAL OFFICE ADDRESS in Article II must be a street address. (The mailing address may be a P.O. Box address.)

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 010A00018704

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	C & H Truck	King L.L.EFFECTI	VE DATE 7/30/201
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.	ا ن
Please return all correspon	ndence concerning this matter	r to the following:	10 Note
		Idolph Castlel	serry 2 Compression
	CFHT	rucking L.L.C	
	P.O.	Box 629 Address	
·	City/s		421
	E-mail address: (to be used for	future annual report notification)	
For further information co	ncerning this matter, please c	eall:	
James Ca Name of	stleberry Person	at (850) 447 - Area Code & Daytime Telep	1124 hone Number
Enclosed is a check for	the following amount:		
3 \$125.00 Filing Fee C	\$130.00 Filing Fee & Certificate of Status	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 Courier Tallahassee, FL 32301	rcle

COVER LETTER & Hatcher, Trucking L.L.C. TO: Registration Section **Division of Corporations** 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:

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (850) 447-1124 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)

5 \$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 Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name: The name of the Limited Liability Company is: Castleberry & Hatcher 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: Mailing Address:
Altha, FL 32421 P.D. Box 629 Altha, FL 32421 Altha, FL 32421
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: Rifa Hatcher Name 2001 NE Kever Rd Florida street address (P.O. Box NOT acceptable) Hosford FL 32334 City, State, and Zip EFFECTIVE DATE 7 30/2010 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. Rita Hatlau

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
MGR		James Randolf Castleb P.O. 629 Altha FL 32421
MG-RD	<u> </u>	Rita Hatcher 2001 NE Kever Rd. Hostord, FL 32334
(Use attachmer	• -	the date of filing: 7/30/10 (OPTION
LE V: Effectiv	e date, if other than t	the date of filing: 7/30/10 . (OPTION to be specific and cannot be more than five business d
LE V: Effectiv fective date is l days after the	ve date, if other than t listed, the date must date of filing.)	the date of filing: 7/30/10 . (OPTION to be specific and cannot be more than five business d
LE V: Effectiv	ve date, if other than t listed, the date must date of filing.)	the date of filing: 7/30/10 . (OPTION to be specific and cannot be more than five business d
LE V: Effectiv fective date is l days after the	ve date, if other than the listed, the date must date of filing.) SIGNATURE:	the date of filing: 7/30/10 . (OPTION to be specific and cannot be more than five business described to the specific and canno
LE V: Effectiv fective date is l days after the	listed, if other than the listed, the date must date of filing.) SIGNATURE: Signature of a ment (In accordance with	be specific and cannot be more than five business d Coscury Ther or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)