## U0000102217

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(Address)				
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PICK-UP WAIT MAIL				
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2010 SEP 29 AH # : 06
SECRETARY OF STATE
ALL AHASSEE, FLORIDA

T. CLINE
SEP 30 2010

EXAMINER

## **COVER LETTER**

TO: Registration Division of C			
SURJECT: HAUL'I	N' BUGGY ENTERPRISI	ES, LLC	
3000EC1.		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
		DAVID CRAFT	
•		Name of Person	
	HAUL 'N' BUG	GY ENTERPRISES, LLC	
		Firm/Company	
	2227	S MARION AVE	
	2027	Address	
		. 1347-550	2010 SEP SECRET TALLAHI
		CITY, FL 32025	LAN SE
		ty/State and Zip Code	TARS
		KE@HOTMAIL.COM for future annual report notification)	<u> </u>
For further information	concerning this matter, please	•	ST STATE OF STATE E. FLORID
DAVID	CRAFT	at ( 386 ) 755-6198	्स <u>्</u> —————
Name	of Person	Area Code & Daytime Telephone N	umber
Enclosed is a check f	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	00 Filing Fee, ficate of Status & fied Copy ional 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:

	Y ENTERPRISES, LLC	· · · · · · ·
(Must end with the words "Lin	nited 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:	<b>Mailing Address:</b>	
2327 S MARION AVE	2327 S MARION AVE	
LAKE CITY, FL 32025	LAKE CITY, FL 32025	
		75 Z0
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an ir	nt's Signature and individual or mother SP SER
The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an irs s of the registered agent are:	nt's Signature additional additio
The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an ir	nt's Signature and individual sampther SEP AND
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  DA	own Registered Agent. You must designate an irs s of the registered agent are:	nt's Signature and individual of another SEP 29 AN ANSEE, FLO
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  DA	own Registered Agent. You must designate an ir s of the registered agent are: AVID CRAFT Name	nt's Signature State of State
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  DA	own Registered Agent. You must designate an instance of the registered agent are:  AVID CRAFT  Name  7 S MARION  a street address (P.O. Box NOT acceptable)	nt's Signature State of State

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:

"MGRM" = Managing Mem		
MGR	RODELYN T CRAFT	_
	2327 S MARION AVE	
	LAKE CITY, FL 32025	_
MGRM	DAVID CRAFT	_
· · · · · · · · · · · · · · · · · · ·	2327 S MAION AVE	
	LAKE CITY, FL 32025	_
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(Use attachment if necessary		9
·	بى شى ئىر ھە	
ICLE V: Effective date, if other	than the date of filing: (PTI)	ONAL)
TCLE V: Effective date, if other a seffective date is listed, the date	must be specific and cannot be more than five business	
90 days after the date of filing.	(t)	9
o days after the date of filmg.		

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.)

DAVID CRAFT

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)