## L10000103297

| D Ajue<br>5326<br>Orlan | <b>David</b><br>Twine St<br>do, FL 32821 |             |
|-------------------------|--|-------------|
| (Cit                    | y/State/Zip/Phon                         | e #)        |
| PICK-UP                 | ☐ WAIT                                   | MAIL        |
| (Bu                     | siness Entity Na                         | me)         |
| (Do                     | cument Number                            | )           |
| Certified Copies        | _ Certificate                            | s of Status |
| Special Instructions to | Filing Officer:                          |             |
|                         |  |             |
|                         |  |             |
|                         |  |             |
|                         |  |             |
| ,<br>                   |  |             |

Office Use Only



200185337012

10/01/10--01036--006 \*\*125.00

10 0CT -1 PHIZ: 2

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | R | П | CL | E | I | _ | N | am | e: |
|---|---|---|----|---|---|---|---|----|----|
|---|---|---|----|---|---|---|---|----|----|

The name of the Limited Liability Company is:

SONNY TRANSPORT L.L.C. C.
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C." or the designate

•

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5326 TWINE ST OFLANDO, FL 32821

SAME AS OFFICE

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:

AJUE MICHAEL DAVID

5326 TWINE STREET

Florida street address (P.O. Box NOT acceptable)

ORLANDO, FL 32821

City, State, and Zio

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

10 OCT -1 PM 12: 28



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

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member   | Name and Address:   |
|--|---|
| MGR  | AJVE M. DAVID<br>5326 TWINE STERES<br>ORLANDO, FL 3282)   |
|  | •   |
|  |   |
|  |   |
|  | (Use attachment if necessary)   |
| ICLE V: Effective date, if other than  | •   |
| ment is filed by the Florida Departi   | the date of filing:  (OPTIONAL)  to nor more than 90 days after the date this ment of State; AND 2) must be the same as |
| effective date: 1) cannot be prior t<br>ment is filed by the Florida Departi<br>ffective date listed in the attached | the date of filing:  (OPTIONAL) to nor more than 90 days after the date this ment of State; AND 2) must be the same as  |

(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.)

MICHAE L DAVID AJUE

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)

Page 2 of 2