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(Requestor's	s Name)	
(Address)		
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(City/State/Z	ip/Phone #)	
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PICK-UP V	VAIT	MAIL
(Business E	ntity Name)	
(Document	Number)	
Certified Copies Ce	ertificates of Statu	ıs
•	,	
Special Instructions to Filing Of	icer:	:
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Office Use Only



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Effective Date 10/25/10

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ALL ALLASSEE FI ORIDA

J. BRYAN

OCT 2 6 2010

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: BRAVO TRUCKING LLC	
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:	
LAZARO BRAVO	<u>.</u>
Name of Person	
BRAVO TRUCKING LLC	
Firm/Company	TAL SE
3360 STILLMAN ST	E :
Address	25
JACKSONVILLE FL 32207	P.
City/State and Zip Code	10R
DECHAPELL@CLEARWIRE.NET E-mail address: (to be used for future annual report notification)	87
For further information concerning this matter, please call:	
JESUS BRAVO at (904) 4443829	
Name of Person Area Code & Daytime Telepho	ne Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy C (additional copy is enclosed) C	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 Circ Tallahassee, FL 32301	le .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRAVO TRUCKING LLC

(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:

Mailing Address:
3360 STILLMAN ST
JACKSONVILLE FL 32207

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.) Effective Date 10 25 10

The name and the Florida street address of the registered agent are:

JESUS BRAVO	
Nar	ne
3360 STILLMAN	N ST
Florida street	address (P.O. Box NOT acceptable)
JACKSONVILLE	. FL 32207
City,	State, and 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

3360 STILLMAN ST
JACKSONVILLE FL 32207
3360 STILLMAN ST
JACKSONVILLE FL 32207
ate of filing: 10/25/2010 (OPTION specific and cannot be more than five business da
or an authorized representative of a member.

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)