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(Re	equestor's Name)	
. (Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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C. LEWIS 0CT 2 7 2010 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: RBPTruck Sales 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:				
Robert Nutton				
Name of Person				
Firm/Company				
676 Beaver Creek Lane				
Address Havana Fl. 32333 City/State and Zip Code RWH Masonry Q Vahoo: Com E-mail address: (to be used for future annual report notification)				
RWHMa501ry @ Vahoo: com				
E-mail address: (to be used for future annual/report notification) For further information concerning this matter, please call:				
Robert Hutton at (850) 508-0938 Name of Person at (850) Area Code & Daytime Telephone Number	•			
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
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:
200 N Magnolia St 686 Beaver Tallahasse Fi Geek Lang Havane Fi 32333
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: Name Name
ZOO N Magnolia 5+ Florida street address (P.O. Box NOT acceptable)
Ta //a husse FL F1. 32333 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 fum 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)

		FILED
ARTICLE IV- Manager(s) or Manager The name and address of each Manager Title:	ing Member(s): or Managing Member is as foll	Iows: 10 OCT 27 AM 18: 59
<u>Title:</u> "MGR" = Manager	Name and Address:	TAULAHASSEL
"MGRM" = Managing Member	Rabert 686 Be Creek L Havana	HuHon aver ane F1. 3233
· ·		
(Use attachment if necessary)		·
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.) REQUIRED SIGNATURE:	te of filing: pecific and cannot be more tha	(OPTIONAL) In five business days prior
Signature of a member or	r an authorized representative of a	member
(In accordance with section 608,408 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as	8(3), Florida Statutes, the execution of penalties of perjury that the facts state on submitted in a document to the Do	of this document ated herein are true.
Filing Fees:		
\$125.00 Filing Fee for Articles of Organiza	ation and Designation	

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