

L10000118948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

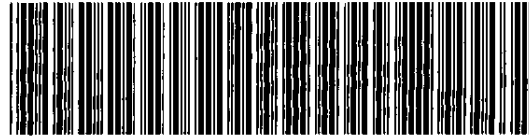
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/04/10--01013--011 \*\*125.00

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10 NOV 15 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W1-51897

J. BRYAN

NOV 16 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOUTH CENTRAL HAULING, 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:

ERROL GORDON  
Name of Person

COMPUTAX BUSINESS SOLUTIONS, INC.  
Firm/Company

4802 W. COMMERCIAL BLVD.  
Address

TAMARAC, FL 33319  
City/State and Zip Code

errol@yourvisionary.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ERROL GORDON at ( 954 ) 727 2081  
Name of Person 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)    ☐ \$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  
Tallahassee, FL 32301

FILED  
10 NOV 15 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2010

ERROL GORDON  
COMPUTAX BUSINESS SOLUTIONS, INC.  
4802 W. COMMERCIAL BLVD.  
TAMARAC, FL 33319

SUBJECT: SOUTH CENTRAL HAULING, LLC  
Ref. Number: W10000051897

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10 NOV 15 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SOUTH CENTRAL HAULING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is #L06000024436, SOUTH CENTRAL HAULING, LLC.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 810A00026093

South Central Hauling, LLC  
112 Wading bird Circle SW  
Palm Bay, FL 33319

11/08/2010

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: No Intention to revoke dissolution—L06000024436

Ladies & Gentlemen:

I have no intention to revoke recent dissolution (11/05/2010) of South Central Hauling, LLC.

Please make this name available as soon as possible. In addition, please see attached documents for further instructions.

Thank you.

Yours truly

  
Paul Peterkin, MGRM

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10 NOV 15 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
10 NOV 15 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SOUTH CENTRAL HAULING, 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:

**Principal Office Address:**

**Mailing Address:**

112 WADING BIRD CIRCLE SW  
PALM BAY, FL 32908

112 WADING BIRD CIRCLE SW  
PALM BAY, FL 32908

**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:

PAUL PETER KIN

Name

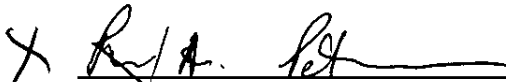
112 WADING BIRD CIRCLE SW

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

PALM BAY FL 32908

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..*

X 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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10 NOV 15 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10 NOV 15 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

TASHA HAMILTON  
112 WADING BIRD CIRCLE SW  
PALM BAY, FL 32908

MGRM

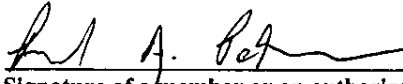
PAUL PETER KIN  
112 WADING BIRD CIRCLE SW  
PALM BAY, FL 32908

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

X 

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

PAUL PETER KIN

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)