

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
RCAJ TRUCKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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EXAMINER

G. MCLEOD

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

In compliance with Chapter 608 and/or 621, F.S.

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10 DEC 10 PM 2:23  
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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the Limited Liability Company is:

RCAJ TRUCKING LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

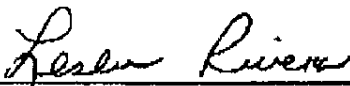
15 DOGWOOD DR PASS  
OCALA, FLORIDA 34472

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

LESLIE RIVERA  
15 DOGWOOD DR PASS  
OCALA, FLORIDA 34472

Having been named as registered agent 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 

LESLIE RIVERA / Registered Agent's signature

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RCAJ TRUCKING LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

**ARTICLE V MANAGERS (optional)**

MANAGER

LESLIE RIVERA

15 DOGWOOD DR PASS

OCALA, FLORIDA 34472

MANAGER

RAMON RIVERA

15 DOGWOOD DR PASS

OCALA, FLORIDA 34472

**ARTICLE VI MEMBERS (optional)**

MEMBER

LESLIE RIVERA

15 DOGWOOD DR PASS

OCALA, FLORIDA 34472

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.

LESLIE RIVERA

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