

L100000130719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

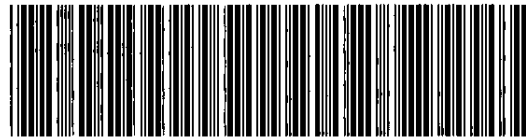
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

DEC 23 2010

EXAMINER



300188791523

12/22/10--01016--024 **130.00

FILED
10 DEC 22 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Cal-Stac Trucking
2609 Ellis Rd.
Plant City, FL 33565**

December 7, 2010

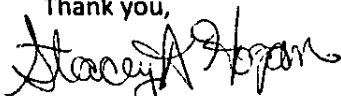
Dear Sirs:

Please find enclosed my application and check for an LLC. Please mail any correspondence to the following address:

Stacey A. Hogan
2609 Ellis Rd.
Plant City, FL 33565

Should you have questions, you may contact me at phone number 813.478.1886.

Thank you,


Stacey A. Hogan

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAL-STAC 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:

STACEY A. HOGAN

Name of Person

CAL-STAC TRUCKING, LLC

Firm/Company

2609 ELLIS RD

Address

PLANT CITY, FL 33565

City/State and Zip Code

ahogan314@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN HOGAN

Name of Person

at (813) 478-1886

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAL-STAC 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:

Principal Office Address:

2609 ELLIS RD
PLANT CITY, FL
33565

Mailing Address:

2609 ELLIS RD
PLANT CITY, FL
33565

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:

STACEY A. HOGAN
Name

2609 ELLIS RD
Florida street address (P.O. Box **NOT** acceptable)
PLANT CITY FL 33565
City, State, and Zip

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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..

Stacey A. Hogan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR

Name and Address:

STACEY A. HOGAN

2609 ELLIS RD

PLANT CITY, FL 33565

(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:



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.)

STACEY A. HOGAN

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)