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Certified Copies	Certificates	of Status
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SECRETARY OF STATE
TALLAHASSEF, FINAIE

D. BRUCE

FEB 0 4 2011

EXAMINER

COVER LETTER

SUBJECT:	Haulers L	Inlimited, LLC		
		Liability Company		
The enclosed Article	s of Organization and fee(s) are sub	omitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
	Terry L.	Carmichael		
	Na	ame of Person		
	Fi	rm/Company		
	640 Clemson Drive			
		Address	AHA FEE	1
		prings, FL 32714	ARY C	
	•	tate and Zip Code	of ST	
	E-mail address: (to be used for the	future annual report notification)	- 2	- '
For further informati	on concerning this matter, please ca	ıll:	جع	
		t 407 506-5076		
Na	me of Person	Area Code & Daytime Telephone Num	iber	
Enclosed is a check	k for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	Filing Fee, ate of Status & d Copy al 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

A	R	TI	CI	Æ	I -	N	am	e	•

The name of the Limited Liability Company is:

Haulers Unlimited, 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:

640 Clemson Drive

Altamonte Springs, FL 32714

PO Box 160955

Altamonte Springs, FL 32716-0955

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:

Terry L. Carmichael

Nam

640 Clemson Drive

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

Altamonte Springs

_{ET} 32/14

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Terry L. Carmichael 640 Clemson Drive Altamonte Springs, FL 32714 (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 hereinare true. I am aware that any false information submitted in a document to the Department State.

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

Terry L. Carmichael Typed or printed name of signee