## L11000081546

(Requestor's Name)				
(Address)				
(Address)				
( is a set)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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O. BRIJCH BERNER

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Gator Trucking, LLC		
	Name of Limited Liability Company		
The en	nclosed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Waymon E. Meadows		_
	Name of Person		
	Gator Trucking, LLC		
	Firm/Company		•
	404 Ridgewood Ave		-
	Address		
i	Dundee, Fl., 33838	AHE JU	
	City/State and Zip Code  Cumorahill@aol.com	ASSEE	
*	E-mail address: (to be used for future annual report not		
For fur	rther information concerning this matter, please call:	F STATE	فسيد
Julia	Meadows at (863 ) 43	9-1143	
		ytime Telephone Number	
Enclos	sed is a check for the following amount:		
\$125.00	O Filing Fee \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status  Certified Copy  (additional copy is end)	Certificate of Status &	)
	Mailing AddressStreet/CourierRegistration SectionRegistration SecDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildinTallahassee, FL 323142661 ExecutiveTallahassee, FLTallahassee, FL	ction rporations g c Center Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Gator Trucking,LLC		~~~
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liab	bility Company is:
Principal Office Address:	Mailing Address:	
404 Ridgewood Ave	404 Ridgewood Ave	
Dundee, Fl., 33838	Dundee, Fl., 33838	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
Waymon E. Meadows		JUL 14
Name		AR) SSI
404 Ridgewood A	ve	mg ₹ 171
Florida street addr	ress (P.O. Box NOT acceptable)	55 T
Dundee	FL 33838	F STATE FLORIDA
City, Stat	te, and Zip	£ 24

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Waymon E. Meadows	
<del></del>	404 Ridgewood Ave	
	Dundee, Fl., 33838	
MGRM	Julia Meadows	
	404 Ridgewood Ave	
	Dundee, Fl., 33838	
	<u> </u>	
. ,		
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior	r
to or 90 days after the date of filing.)	14 ASSI	
REQUIRED SIGNATURE:	AM FID OF STATE E, FLORID	ۇ <u>د</u> سىس ر
Quelia T	_ ^	
Signature of a member	r or an authorized representative of a member.	
constitutes an affirmation under I am aware that any false inform	.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	
Julia Meadows		
Тур	ped 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)