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SCOKETARY OF STATE
PALLAHASSEE, FLORIDA

D. BRUCE
JUL 26 2011
EYAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: C-P HAULING LLC Name of Limited Liability Company		
Name of Entitled Enterthy Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
CLAUSIO Regies Name of Person		
C-R. Hauling, LLC Firm/Company		
9981 Fruitville ROAD		
Address $\overline{\mathcal{D}}_{\mathcal{C}^{\circ}}$	_	
Sacresota, Fl. 34240 City/State and Zip Code	<u></u>	i i
الأرف هر	 - -	Despession Sections
E-mail address: (to be used for future annual report notification)	7	, П
For further information concerning this matter, please call:	÷.	$\overline{\subset}$
CLAONIO Reyes at 941 915-6084 PM Area Code & Daytime Telephone Number	F	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 130.00 Filing Fee & \text{Certified Copy} & \text	itus &	
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:	
(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:	
9981 Fruitville ROAD 9981 Fruitville ROAD SALASOTA, FC. 34240 SALASOTA, FC. 34240	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signafure: (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.)	ì
The name and the Florida street address of the registered agent are: BLUE SKY LANDSCAPIN OF SALASOFA, FINE STATES Name 9961 Fruid ville Load Florida street address (P.O. Box NOT acceptable) SALASOFA FL 34240 City, State, and Zip	1
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	Name and Address:
"MGRM" = Managing Member MANAGE	CLAUDIO Reyes 9981 Fruduste ROAD SALASSIA FL. 34240
	Por
. ·	UL 25 FM 4: AHASSEE FLO
(Use attachment if necessary)	ORIDA RIDA
LE V: Effective date, if other than the	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
days after the date of filing.)	
days after the date of filing.) REQUIRED SIGNATURE:	ber or an authorized representative of a member.

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)