

L12000021824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

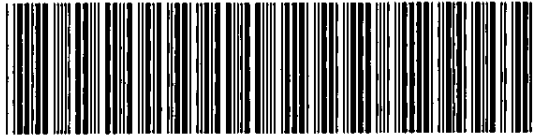
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 14 2011  
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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tri State Towing & Transport  
~~Tri State Transport, 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:

Ryan L. Hamilton  
5519 Jackson Bluff Road  
Tallahassee, Florida 32310

For further information concerning this matter, please call:

Ryan L. Hamilton  
(850) 728-5185

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

*Tri State Towing Transport*  
~~Tri State Transport, LLC~~

**ARTICLE II – Address:**

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

**Principal Office Address:**

**5519 Jackson Bluff Road  
Tallahassee, Florida 32310**

**Mailing Address:**

**5519 Jackson Bluff Road  
Tallahassee, Florida 32310**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature**

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

**Ryan L. Hamilton  
5519 Jackson Bluff Road  
Tallahassee, Florida 32310**

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*Having been named as registered agent and to accept service of process for the above named 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

**(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

**Name and Address:**

**Managing Member**

**Ryan L. Hamilton  
5519 Jackson Bluff Road  
Tallahassee, Florida 32310**

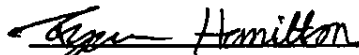
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**ARTICLE V – Effective Date**

The effective date of the Limited Liability Company is:

**February 15, 2012**

**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.)

**Ryan L. Hamilton**

Typed or printed name of signee

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**