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SEURE DARY OF STATE
ALLAHASSEF FLORE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ca Dalua
	Gary Hughes Name of Person
•	That I out 1 stoom
	Firm/Company
	Time Company
	7501 (1)
	7506 Ginson Dr Address
	. real-vol
	G: bsow for F1 33504 City/State and Zip Code
	Carou se Luo (a Yanoo.com E-mail àddress: (to be used for future annual report notification)
	ther information concerning this matter, please call:
<u>Ga</u>	Name of Person at (765) 760-5042 Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
] \$125.00	O Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) 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

The name of the Limit	: ited Liability Company i	is:	
CTA Truck:	IV 9 LLC end with the words "Limited Lis	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr The mailing address a		principal office of the Limited L	Liability Company is:
Principal Office Add	dress:	Mailing Address:	
Gibsonton	1 335 3 /	7506 Gibsonton Gibsonton Fl 33	Dr. 5.84
	pany cannot serve as its own Re	red Office, & Registered Agent egistered Agent. You must designate an indi	
The name and the Flo	orida street address of the	e registered agent are:)H1+L1eL0	12 FEB 16 SECRETARY ALLAHASSI
	Nar \$ 1751 =	TLOYD ST	ARY OF ARY
	Florida street	address (P.O. Box NOT acceptable) FL 34239	# 2:3 F S I M
. –	City,	, State, and Zip	S DA
liability company registered agent and statutes relating to	o at the place designated i l agree to act in this capa the proper and complete	to accept service of process for th in this certificate, I hereby accept acity. I further agree to comply wi be performance of my duties, and I d begistered agent as provided for in	the appointment as ith the provisions of ali am familiar with and

Page 1 of 2

(CONTINUED)

<u>Title:</u> "MGR" = Manage: "MGRM" = Manage:		Name and Address:
MGRM	_	Gary Hughes 7506 G: bsonton DI G: bsonton F1 33534
	_	
	_	
	_	
	necessary)	
(Use attachment if CLE V: Effective date is listed to days after the date	ed, the date must be	date of filing: (OPTIONAL specific and cannot be more than five business days
CLE V: Effective de	ed, the date must be te of filing.)	
CLE V: Effective date is listed days after the date REQUIRED SIG	ENATURE: Signature of a member redance with section 608	

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)