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SECRETARY OF STATE: -ALLAHASSEE, FLORINA 2012 HAR -2 PH 3: L

J. SAULSBERRY EXAMINER

MAR _ 2 2012

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	T. A&O CARRIERS LLC.	. ~3
SOBJEC	Name of Limited Liability Company	DO12 TAL
The enclo	osed Articles of Organization and fee(s) are submitted for filing.	2012 HAR -1 AH 8: 22 SECRETARY OF STATE JALLAHASSEE, FLORID
Please re	rum all correspondence concerning this matter to the following:	SET ANY
_	Anthony weal Name of Person	AM 8: 22 OF STATE E. FLORIDA
		RESERVE
	A 80 Carriers LLC.	<u>.</u>
	Firm/Company	
	-193 Deer Ridge Circle	
	A EBUA DOO	
	Havang Fl 32333 City/State and Zip Code Mrs. bissie 36 @ Yahoo. com E-mail address: (to be used for future annual report notification)	1 ,
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	. Marian
For furthe	er information concerning this matter, please call:	1
	•	t
<u> </u>	Namo of Person at (850), 766-2522 Area Code & Daytime Telephone Number	
	Namo of Person Area Code & Daytime Telephone Number	
Enclosed	is a check for the following amount:	
\$125.00 F	iling Fee \$\int_\$130.00 Filing Fee & \$\int_\$155.00 Filing Fee & \$\int_\$160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status & '
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR E	FLURIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is	is:
A&O CARRIERS	LLC.
(Must end with the words "Limited Lin	ability 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:
195 Deer Ridge Circle Havana, Fl 32333	15 MACARTHUR PLACE #S1808 SANTA ANA, CA 92707
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeress entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
ANTHONY	NEAL ne
Nam	ne PAR NA
195 Deer Nobse	Circle SE
Florida street a	address (1.0. Box NO1 acceptable)
Havana	32333

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 cartificate. The continued is the continued of the continued 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..

City, State, and Zip

(CONTINUED)

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18502452303 Merrill Lynch

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Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
"MGRM"	Anthony neal	
	195 Deer Ridge Circle	
	Havang, fl 32333	
MGRM	OSCAR L. HARRISON II	
	15 MACARTHUR PLACE #S1808	
	SANTA ANA, CA 92707	
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	c date of filing: (OPTION to specific and cannot be more than five business of	₹ MAL)
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ARTICLE IV- Manager(s) or Managing Member(s):

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