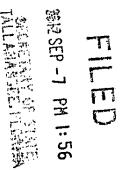
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Office Use Only



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09/07/12--01026--012 **130.00



J. BRYAN
SEI 1 0 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporati	ions			
SUBJECT: Carrus Tru	ıcking, LLC			
		ed Liability Con	npany	
The enclosed Articles of Organi	ization and fee(s) are	submitted for fill	ing.	
Please return all correspondence	e concerning this mat	ter to the followi	ng:	THE SE
Sidney Morris	6			
· · · · · · · · · · · · · · · · · · ·		Name of Person	· ···	The state of the s
Carrus Trucki	ng, LLC			PH 1:5
		Firm/Company	-	25
PO Box 78368	33			
		Address		<u></u>
Winter Garden,	EI 3/1778			
winter Garden,		y/State and Zip Co	ode	
carrustrucking@g	mail.com			
	ail address: (to be used t	or future annual re	port notification)	
For further information concerns	ing this matter, please	call:		
Sidney Morris		at (407	、797-7257	
Name of Person)	_ ai (de & Daytime Tele	phone Number
Enclosed is a check for the fo	llowing amount:			
\$125.00 Filing Fee \$\sum \\$130.\$ Cert	00 Filing Fee & ificate of Status	\$155.00 Fil Certified C (additional co		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis	ng Address tration Section ion of Corporations	Registra	Courier Address ation Section n of Corporations	
	Box 6327 hassee, FL 32314		Building xecutive Center C	Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	THE REST T
The name of the Limited Liability Company is	S: 2
Carrus Trucking, LLC	
(Must end with the words "Limited Lial	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
·	principal office of the Limited Liability Company is:
<u></u>	
Principal Office Address:	Mailing Address:
14778 Tullamore Loop	PO Box 783683
Winter Garden, FL 34787	Winter Garden, FL 34778
The name and the Florida street address of the Sidney Morris	
Name	
14778 Tullamore	e Loop
Florida street ad	ddress (P.O. Box NOT acceptable)
Winter Garden	_{FL} 34787
City, S	tate, and Zip
Having been named as registered agent and to	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Sidney Morris PO Box 783683 Winter Garden, FL 34778
, ,	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTION oe specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under lam aware that any false infor	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under lam aware that any false infor	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. The mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)

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