# 4/2000/19942

	(Requestor's Name	e)
_	(Address)	
	(Address)	
	(City/State/Zip/Pho	ne #)
PICK-U	P WAIT	MAIL MAIL
	(Business Entity No	ame)
	(Document Numbe	f)
Certified Copies	Certificat	es of Status

Special Instructions to Filing Officer:

A. LUNT

SEP 19 2012

EXAMINER

Office Use Only



600239474396

09/17/12--01020--019 \*\*130.00

2912 SEP 17 PU STATE

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 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:	
Catherine Wicolini Name of Person	
NICOCINI TRUCKING LLC	
200 Tipton 12 sw	
Address	
Palm Bay, F1 30908	*****
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	C
Catherine Nicolini at ( Area Code & Daytime Telephone Number	
Name of Felson Area Code & Daytime Felephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTailahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

	NUCKING LLL.
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
220 Tipton nd sw Palm Bay, Fl 32908	200 Tipton no sw Palm Bay, Fl 30908
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, & Registered Agent's Signatures tered Agent. You must designate an individual of another registered agent are:
The name and the Florida street address of the r	
Catherine	Nicolini Para E
Florida street add	ress (P.O. Box NOT acceptable)
Palm Bay	FL 38908

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.

City, State, and Zip

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	
MG-RM	Catherine Nicolini 200 Tipson 12 20 Palm Boy. Fl 30908
Proceed With States and Association Control of the	
	<b>7812 SS</b>
	7
(Use attachment if necessary)	
	ate of filing: (OPE IONA)

## **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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Catherine Wicolini
Typed or printed name of signee

### 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)