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J. SAULSBERRY **EXAMINER**

FEB 22 2013

COVER LETTER -

TO:

Registration Section
Division of Corporations

SUBJECT: Tindall Trucking Limited Liability Company

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:

Dolores Strockbine Name of Person Thomas W Hill & Co, LLC Firm/Company 1314 Lafayette St Address Cape Coral, FL 33904 City/State and Zip Code dstrockbine@hillcocpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dolores Strockbine Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)

□ \$160.00 Filing Fee, Certificate of Status & 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

ARTICLE I - Na	- ·		
The name of the L	imited Liability Company	is:	
Tindall Trucking Lin	nited Liability Company		
		iability Company, "L.L.C.," or "LLC.")	,
`		, , , , , , , , , , , , , , , , , , , ,	
ARTICLE II - Ac			
The mailing addre	ss and street address of the	e principal office of the Limited L	iability Company is:
D 1 1 1000		3.5	
Principal Office A	Address:	Mailing Address:	
11190 Palm Beach	Blvd	11190 Palm Beach Blvd	
Fort Myers, FL 3390		Fort Myers, FL 33905	
(The Limited Liability C business entity with an		red Office, & Registered Agent egistered Agent. You must designate an indi- ne registered agent are:	vidual or another
	Barry J Tindall		FILE M & 35 FEB 21 AM & 35 NETARY OF STATE ANASSEF, FLORID
Name			SSE - I
			T9 3
11190 Palm Beach Blvd		STA STA	
Florida street address (P.O. Box NOT acceptable)		a 35	
	Fort Myers	_{FL} 33905	S. Q
	City	, State, and Zip	
Uming hoon nam	ad as vacistavad agant and	to against samples of myseess for th	a ahaya statad limitad
•		to accept service of process for the in this certificate, I hereby accept	

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.

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:

	' = Manager M" = Managing Member	Name and Address:	
MGMR		Barry J Tindall 11190 Palm Beach Blvd Fort Myers, FL 33905	
MGR		Linda Tindall 11190 Palm Beach Blvd Fort Myers, FL 33905	
(Use at	tachment if necessary)		
ARTICLE V: (If an effective	Effective date, if other than the	e date of filing: (OPTION to be specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than the specific and cannot be cannot be more than the sp	
REQU	IRED SIGNATURE:		
	(In accordance with section 608 constitutes an affirmation under I am aware that any false inform	r the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State	FILEI 2013 FEB 21 AM
	Barry J Tindall Ty	yped or printed name of signee	¥ ₽ □
.	Giling Fees	₽	- •

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)