

L13000150281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600253038626

10/25/13--01003--002 **125.00

RECEIVED

13 OCT 25 AM 8:21

DIVISION OF CORPORATE

APPROVED
7/10

13 OCT 25 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 25 2013

D. BRUCE

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDS Trucking company "L.L.C"
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:

Michael L. Derico
Name of Person

MDS Trucking Company LLC.
Firm/Company

70 Sugarmill CT.
Address

Havana, FL 30333
City/State and Zip Code

MikeDerico72@gmail
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Derico at (850) 566-4066
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

13 OCT 25 AM 8:36
RECEIVED
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MDS Derico Trucking "L.L.C."
(Must end with the words "Limited Liability 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:

70 Sugarmill Ct.
Havana, FL 32333

Mailing Address:

70 Sugarmill Ct.
Havana, FL 32333

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Michael Derico
Name

70 Sugarmill Ct.
Florida street address (P.O. Box **NOT** acceptable)

Havana FL 32333
City, State, and Zip

RECEIVED
STATE
TREASURER
FLORIDA

13 OCT 25 AM 8:36

APPROVED
FILED

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..

X Michael Derico
Registered Agent's Signature (REQUIRED)

(CONTINUED)