

L14000005996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

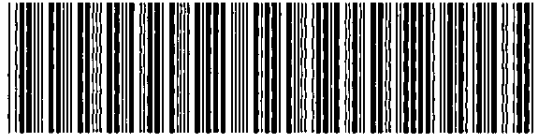
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000254345720

01/13/14--01007--014 **125.00

RECEIVED
14 JAN 13 AM 11:51
FEDERAL BUREAU OF INVESTIGATION

14 JAN 13 PM 12:05
FEDERAL BUREAU OF INVESTIGATION

APPROVED
FILED

N. Culligan

JAN 18 2014

To whom it may concern -

I have decided NOT ~~to~~ to
~~renew~~ re-new the company under
Doc # L12000102132 (F, A, S Trucking LLC).

Thank you

Al Goloup

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: F, A,S TRUCKING LLC

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:

FELIX SERRANO MORALES

Name of Person

Firm/Company

2040 GARWOOD DR

Address

ORLANDO FL 32872

City/State and Zip Code

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

For further information concerning this matter, please call:

ELISA JACKSON

at (

850

Area Code

421-0552

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 - Name:

The name of the Limited Liability Company is:

F.A. S TRUCKING LLC

(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:

Mailing Address:

2048 GARWOOD DR
ORLANDO FL 32833

PO BOX 720841
ORLANDO FL 32872

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:

ELISA JACKSON

Name

2354 CHRISTOPHER PLACE

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

Tallahassee

City

FL

32308

Zip

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR -

AMBR

Name and Address:

FELIX SERRANO MORALES

2048 GARWOOD DR

ORLANDO FL 32872

ELISA JACKSON

2354 CHRISTOPHER PLACE

TALLAHASSEE FL 32308

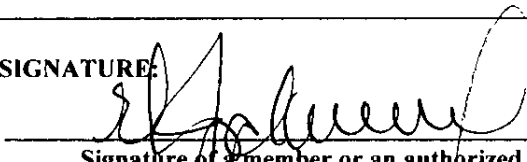
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/13/2014. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

ELISA JACKSON

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)