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COVER LETTER

	ration Section on of Corporations	
SUBJECT:	G.W. Trucking Name of Limited Liability Company	
	rticles of Organization and fee(s) are submitted for filing. correspondence concerning this matter to the following:	
	George Washington Jr. Name of Person	
	6957 Recreation Traws	
	Jacksonville, FL 32244	
	City/State and Zip Code Ser trical. Washington and Cory E-mail address: (to be used for future annual report notification)	
For further inform	Mashing Mat (904) 424 - 6793 Name of Person Area Code Daytime Telephone Number	A TANK
Enclosed is a che ☐ \$125,00 Filing F	reck for the following amount: Fee \$\Bigsim\strut^{\frac{1}{30.00}}\$ Filing Fee & \$\Bigsim\strut^{\frac{1}{30.00}}\$ Certificate of Status & \$\Bigsim\strut^{\frac{1}{30.00}}\$ Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
WASHINGTON. TYL (Must end with the words "Limite	LCKING, LLC, d 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:	
10957 Recreation Trails Jacksonville, A 32244	10957 Recre Jocksonville,	atton Trail S Pa 32244
ARTICLE III - Registered Agent, Registered Office. (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	n Registered Agent. You must	
The name and the Florida street address of the registere	d agent are:	
George Was Nath 1957 Rec rection Florida street address (P.O. Bo	hington JR Land Soufl EN NOT acceptable) FL FL 3224 Zip	4.Y
Heyl	pt the appointment as registered so fall statutes relating to the publications of my position as registered for the publications of my position as register 605, F.S Lature (REQUIRED)	d agent and agree to act in this roper and complete performance istered agent as provided for in
		5. 5.

Yury that the facts stated herein are	true.	
i a document to the Department of S	tate	-
s.817.155, F.S.)		-
aton Je		5
name of signee		
S.•	1	`
signation of Registered Agent		=
		-
	Saliri	7

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = ManagerAMBR	George Washington Je, 19957 Recreation Frail S Jacksonville, FL 32244 Sertrica Washington 19957 Remeation Grail S Jacksonville, FL 32244		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of if an effective date is listed, the date must be specified the date of filing.) ARTICLE VI: Other provisions, if any.	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days afte		
REQUIRED SIGNATURE:			

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

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.)

George Washington JR
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)

ARTICLE IV-