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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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12/05/14--01005--013 **125.00







COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Sellers Hauling</u> 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:
ARTHUR A Sellers III. Name of Person
Name of Person
Sellers Hauling Firm/Company
2753 Hutchinson Ferry Rd. Address
Guincy Fla 37352 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ADTUGE A Sollers II of 850 509-4476 OF 627. 2340
Annur A Sellers 4 at (850) 509-4426 or 627. 2346 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Stat
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

Sellers Hauling LL	
(Must end with the words "Limite	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:
2253 Hutchinson Ferry Rd Quincy Fla 32352	2253 Hutchinson Ferry Rd
Quincy Fla 37352	Quincy Fla. 32352
The name and the Florida street address of the registere Aith A law Nam 2253 Hulch Florida street address (P.O. Bo Quincy City Having been named as registered agent and to accept so	and agent are: Image: Ima
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provisions	pt the appointment as registered agent and agree to act in this s of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
,	Presndit	Outle Q Den # ZZS3 Hutchinson Ferry Rd Duincy, FA 3Z35Z
an e	(Use attachment if necessary) LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and e of filing.)	1 (OPTIONAL) I cannot be more than five business days prior to or 90 days a
RTIC	LE 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.)

Orthur A Sellers # 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)

DEC -5 AHII: 2

