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Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations		
SUBJECT: VAVO TRUCKING LLC		
Name of Lir	mited Liability Company	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Jerry Guerrier		
	Name of Person	
VAVO TRUCKING LI	LC Firm/Company	
	rith/Company	
861 Terranova Rd	Address	
Winter Haven, FL 33884	I City/State and Zip Code	
J5july09@yahoo.com E-mail address: (to be use	ed for future annual report notifica	tion)
For further information concerning this matter, ple	ase call:	
Jerry Guerrier at (863) 206-7779 Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee	□\$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	Street/Courier Addi Registration Section	nes <u>s</u>
Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	ions

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:	
VAVO TRUCKING LLC	S. F. S. F. S. S. F. S.
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
861 Terranova Rd Winter Haven, FL 33884	861 Terranova Rd Winter Haven, FL 33884
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered ag	egistered Agent. You must designate an individual or
James Constitution	
964 Taanaus Dd	
861 Terranova Rd Florida street address (P.O. Box N	(OT acceptable)
Winter Haven City	FL 33884 Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	

Page 1 of 2

<u> </u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MBR	Valery Guerrier
	861 Terranova Rd
	Winter Haven, FL 33884
	70%
	<u> </u>
	37
Jse attachment if necessary)	
V: Effective date, if other than the date of the date is listed, the date must be specified.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 d
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