## L150000 47843

| (Re                     | equestor's Name)   | <del> </del>    |
|-------------------------|--------------------|-----------------|
| (Ac                     | ldress)            |                 |
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| (Ci                     | ty/State/Zip/Phone | <del>=</del> #) |
| PICK-UP                 | ☐ WAIT             | MAIL            |
| (Bu                     | siness Entity Nan  | ne)             |
| (Do                     | ocument Number)    |                 |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    |                 |
|                         |                    |                 |
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SEURLTARY OF STATE
AND A MASSEEL FLORIDA

MAR 1 8 2015

T. HAMPTON

## **COVER LETTER**

|                   | tration Section<br>ion of Corporations   |                 |   |  |
|-------------------|--|-----------------|---|--|
| SUBJECT: _        | HB3  | Name of Lin     | nited Liability Company   |  |
| The enclosed A    | Articles of Organizatio  | n and fee(s) a  | re submitted for filing.  |  |
| Please return a   | Il correspondence con  | cerning this m  | atter to the following:   |  |
|                   | Ro.  | getio 1         | Hernode 2 Name of Person  |  |
|                   | •  | J               | Name of Person  |  |
| _                 | He   | 3 Truc          | KN9 Firm/Company  |  |
|                   | 4744 Ce  |                 |   |  |
|                   |  |                 | Address   |  |
|                   | Bushn  | III FI          | 33513<br>City/State and Zip Code<br>30 400.00<br>d for future annual report notif |  |
|                   | Herma  | e ZRoch         | ~30 unhoo.  | m  |
|                   | E-mail addre   | ss: (to be use  | d for future annual report notif  | ication)   |
| For further info  | ormation concerning th   | is matter, plea | ase call:   |  |
| Jane              | Henadez  | at (_           | 772 321 GArea Code Daytime  | 1276<br>Telephone Number   |
|                   | Name of Ferson   |                 | Area Code Daytime   | relephone Number   |
| Enclosed is a cl  | heck for the following   | amount:         |   |  |
| l \$125.00 Filing | Fee \$\square\$\$\$\$\square\$ |                 | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed                | E\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                   | N#-42- 4-3-1   |                 | 0   |  |

**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:  |
|--|
| HR3 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:   |
| 4744 CR 542H Bushall F1 33513 Same   |
| Bushall F133513 Same   |
| 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:   |
| Rogelio Herondez<br>Name   |
| 4744 CR542H  |
| Florida street address (P.O. Box NOT acceptable)   |
|  |
| City FL 33513  |
| 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 Signaturo (REQUIRED)  |
| (CONTINUED)  Page 1 of 2  Page 1 of 2  |

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager   | Name and Address:  |
|--|--|
| AMBR   | Janu Henadez<br>4741 R 54214   |
|  | By Lell F 375-13   |
|  |  |
| (Use attachment if necessary)  |  |
| E V: Effective date, if other than the date that is listed, the date must be of filing.)   | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90   |
| E V: Effective date, if other than the date that the date is listed, the date must be of filing.)  E VI: Other provisions, if any.   | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90   |
| E V: Effective date, if other than the date that is listed, the date must be of filing.)  E VI: Other provisions, if any.  | specific and cannot be more than five business days prior to or 90   |
| E V: Effective date, if other than the date could be determined by the date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a range (In accordance with section constitutes an affirmation under I am aware that any false information constitutes and signature of a range of the constitutes and signature of the constitutes are signature of the constitutes and signature of the constitutes are signature of the constitutes and signature of the constitutes are signature of | nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)   |
| E V: Effective date, if other than the date date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a r  (In accordance with section constitutes an affirmation un I am aware that any false inf constitutes a third degree fel   | nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.   |
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