L15000049930

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #) /
PICK-UP WAIT MAIL
/ 🔍
(Business Entity Name)
(Busiless Linity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500269829395

03/23/15--01007--011 **130.00

10 ACKNOWLEDGE SUFFICIENCY OF FILING JS DO JEDNIBVARO CRANCO SERVIBVARO CRANCO SERVIBVARO



MAR 23 PH 12:



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Browning Trucking Enterprise Name offinited Liability Company	LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Antonio Browning	
Browning Trucking Enterprise	
ell SILI Who St	
Address	
Hayang FL 32333 City/State and Zip Code	
CINTONIO 1 DIO UNIO CO CINCUL COM E-mail address: (to be used for future annual apport notification)	
For further information concerning this matter, please call:	
Antonia Brui-ming at 850 28 -0714 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee & Certified Copy (additional copy is enclosed)	latus &

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 1 - Name: The name of the Limited Liability Company is	is:	
Browning Tr	rucking Enterprise L.C., as "Limited Liability Company, "L.L.C.," or "LLC.")	
(Must end with the word	rds "Limited Liafility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
all SIN Lith St	Scime	
Havana FL		
	red Office, & Registered Agent's Signature: re as its own Registered Agent. You must designate an individula registration.)	ial or
The name and the Florida street address of the	ne registered agent are:	len (II
Antonio) Brolaning	
CIII SIN	LIGHT ST	<u>ω</u>
11	ss (P.O. Box NOT acceptable)	j ³ B i
Henana	FL 52333	
City	ty Zip	福
the place designated in this certificate, I he capacity. I further agree to comply with the of my duties, and I am familiar with and ac	to accept service of process for the above stated limited liability hereby accept the appointment as registered agent and agree to e provisions of all statutes relating to the proper and complete paccept the obligations of my position as registered agent as proving Chapter 605 F.S	act in this performance

Page 1 of 2

(CONTINUED)

(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be more than five busine date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of (In accordance with section 605.0203 (1) (b), Florida Statute, Hexcutic constitutes an affirmation under the penalties of perjury that the facts state I am aware that any false information submitted in a document to the Depa constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signer.	Antoniu Autoniu Autoniu Autoniu Autoniu	s:	, E	
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member of the facts stated constitutes an affirmation under the penalties of perjury that the facts stated I am aware that any false information submitted in a document of the Department of the Departme				
REQUIRED SIGNATURE: Signature of a member or an authorized representative of (In accordance with section 605.0203 (1) (b), Florida Statute, the facts stated I am aware that any false information submitted in a document to the Department of the D				
REQUIRED SIGNATURE: Signature of a member or an authorized representative of (In accordance with section 605.0203 (1) (b), Florida Statutes, the executic constitutes an affirmation under the penalties of perjury that the facts stated I am aware that any false information submitted in a document to the Department of				
Signature of a member or an authorized representative of (In accordance with section 605.0203 (1) (b), Florida Statute, the executic constitutes an affirmation under the penalties of perjury that the facts stated I am aware that any false information submitted in a document to the Department of the	not be more that	(OP	'TIONAL)	
Signature of a member or an authorized representative of (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury that the facts stated I am aware that any false information submitted in a document to the Department of th	not be more ma	an iive business unj	ys prior to or 90 c	lays
constitutes an affirmation under the penalties of perjury that the facts stated and aware that any false information submitted in a document to the Department of the Departme	not be more man	an ave business day	ys prior to or 90 c	lays
Typed or printed name of signee	uthorized repres	escritative of a men	mber.	lay
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered \$ 30.00 Certified Copy (Optional)	uthorized repres, Florida Statutor, of perjury that it ted in a document for in s.817.155,	esentative of a men x, the execution of the facts stated here that to the Department of F.S.)	nber. this document	lays

ARTICLE IV-

Page 2 of 2