

L15000101139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

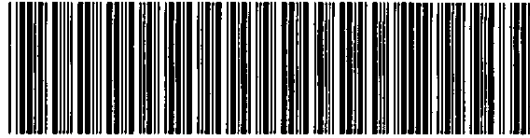
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500272910905

05/14/15--01017--013 **160.00

FILED
15 JUN 10 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 10 2015

J SHIVERS

2544



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

MAURICE MATHIES
2618 DUNRAVEN CT
KISSIMMEE, FL 34743

SUBJECT: TRINITY TRUCKING, LLC
Ref. Number: W15000035745

We have received your document for TRINITY TRUCKING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 515A00010643

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trinity Trucking, 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:

MAURICE J. MATHIES
Name of Person

Firm/Company

2618 Dunraven Ct.
Address

Jessimere, AL 34743
City/State and Zip Code

kimberlymathies@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Mathies at (407) 361-4613
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street 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:

Trinity 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:

2618 Dunraven Ct.
Missimmet, FL 34743

2618 Dunraven Ct.
Missimmet, FL 34743

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:

Kimberly B. Mathies
Name
2618 Dunraven Ct.
Florida street address (P.O. Box **NOT** acceptable)
Missimmet FL 34743
City State Zip

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..

Kimberly B. Mathies
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 JUN 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

MAURICE MATHIES
2618 DUNRAVEN PL
MISSISSIPPI, AL. 34243

KIMBERLY MATHIES
2618 DUNRAVEN PL
MISSISSIPPI, AL. 34243

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Maurice Mathies

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.)

MAURICE MATHIES
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)

FILED
JUN 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA