# L15000105915

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ĉit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

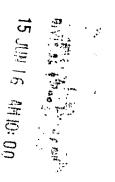
Office Use Only

JUN 2 2 2015 T. SCOTT



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SANTIAMEN 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:
Ramon de Jesus Name of Person
Name of Person
Firm/Company
907 N MOBICY ST
1 1001 955
Plant City, FL 33563  City/State and Zip Code  Mdejesus 42 a tampabator. com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
mdejesus 42 a tampabatorr. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ramon Le Jesus at (813) 650-1637  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) 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:	
SANTIAMEN TRYCKIN	
(Must end with the words "Limited Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:
907 N Hobley ST	
Plant City, #6 33563	(The Same)
ARTICLE III - Registered Agent, Registered Office, & Registered Ag	
(The Limited Liability Company cannot serve as its own Registered Agen	t. 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:	
D /	

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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.

907 N Mobley St Florida street address (P.O. Box NOT acceptable)

Page 1 of 2

IS JUNIE AMID: On

"AMBR" = Authorized Member "MGR" = Manager  MGR" = Manager	
MGR	. / _ /
<u>-</u>	Wast / Satisfa
W ( C D)	Hector L. Santiago
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19 (-16	Zoraida Santiago
77070	Zolaida Suntityjo
•	
,	•
(Use attachment if necessary)	
nent's effective date on the Department of State	
E VI: Other provisions, if any.	
E VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
REOUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a member of (In accordance with section 605)	.0203 (1) (b), Florida Statutes, the execution of this document
Signature of a member of (In accordance with section 605. constitutes an affirmation under	.0203 (1) (b), Florida Statutes, the execution of this documen the penalties of perjury that the facts stated herein are true.
Signature of a member of (In accordance with section 605. constitutes an affirmation under I am aware that any false inform	.0203 (1) (b), Florida Statutes, the execution of this documer the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State
Signature of a member of (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	.0203 (1) (b), Florida Statutes, the execution of this documer the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
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ARTICLE IV-

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