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(Req	uestor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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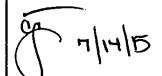
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COVER LETTER

	egistration Section vision of Corporations		4
SUBJECT	: HAPPY TRAILS Name of Li	TRANSPORT,	LLC
	Name of Li	mited Liability Company	
	ed Articles of Organization and fee(s) a	_	
r lease retur	m an correspondence concerning uns m	acter to the following:	
	MICHAEL	P. TALLEY Name of Person	
		Name of Person	
	HAPPY Th	ALS TRANSPO. Firm/Company	it, lle
		Firm/Company	
	1270 SALL	Fr 54 LN Address	
	·	Address	
	FLEMING	ISLAND, FL	32003 - 3783 UET
	(City/State and Zip Code	
-	MIKENICATI	MI @ COMCAST.	VET
	E-mail address: (to be used	i for future annual report n	оипсаноп)
For further in	nformation concerning this matter, pleas	se call:	
-	MILLAGE P. TAILAY at (404 383-	9782
	Name of Person A	area Code Daytime Te	elephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ling Fee \$\frac{1}{\times 130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclo	
	Mailing Address	Street Addres	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15 JUL -8 PH 4: 43

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	EFFECTIVE DATE 61	122/15	FILE
HAPPY TRAIL	LS TRANSPORT, L		JUL -8 PM 4: 43
(Must end with the words "Li	imited Liability Company, "L.L.C.	.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability		HOTE ATT TO THE A FAR LINE NO.
Principal Office Address	:	Mailing Address:	

SAICFISH LN

FLEMING ISLAND

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:

SALCFISH LN

ARTICLE I - Name:

MICHAEL P. TALLEY

Name

1270 SAILFISH LN

Florida street address (P.O. Box NOT acceptable)

FLEMING ISLAND, FL 32003-3783

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> Litie:</u>	Name and Address:
"AMBR" ≈ Auti	
"MGR" = Mana MGA	Michael P. Talley
	1270 SALGEISH LN
,	MICHAEL P. Talley 1270 SHLIFISH LN FI, FL 32003-3783
AMBO	KATULEEN M. TALLEY
	1270 SAILFISH LN
	KATHLERN M. TALLEY 1270 SAILFISH LN FLEMING ISLAND, FL 32003-3
V: Effective d	if necessary) ate, if other than the date of filing:
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f filing.) the date inserted nent's effective E VI: Other prov	ate, if other than the date of filing:

ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)