

L15000167636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

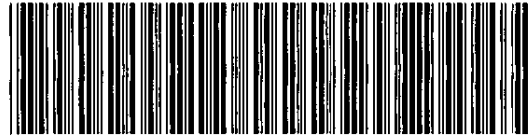
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/24/15--01041--004 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 OCT - 1 AM 11:07

W15-57794
62 583

10/02/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2015

MARIO PERKINS
3803 WEETAMOO CIR.
ORLANDO, FL 32818

SUBJECT: M. PERKINS TRUCKING L.L.C.
Ref. Number: W15000062583

We have received your document for M. PERKINS TRUCKING L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

Please list the complete principal office address.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 615A00019922



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 OCT -1 AM 11:54

STATE OF FLORIDA

August 31, 2015

MARIO K. PERKINS
3803 WEETAMOO CIRCLE
ORLANDO, FL 32818

SUBJECT: PERKINS TRUCKING
Ref. Number: W15000057794

We have received your document for PERKINS TRUCKING 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.

The document number of the name conflict is P98000048068 (PERKINS TRUCKING, INC.).

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 015A00018366

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perkins Trucking
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:

Mario K. Perkins
Name of Person

Perkins Trucking
Firm/Company

3803 Nectamoo Circle
Address

Orlando Florida 32818
City/State and Zip Code

PerkinsTrucking186@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario K. Perkins at (407) 982-0212
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

NOF

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M. Perkins Trucking L.L.C.
(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:

Mario K. Perkins
3803 Weetamoo Circle
Orlando, FL 32818

Mailing Address:

3803 Weetamoo Circle
Orlando FL 32818

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:

Mario K. Perkins
Name
3803 Weetamoo Circle
Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 32818
City State Zip

RECEIVED SEP 14 2015

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATION

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

mgr

Name and Address:

Mario K. Perkins
3803 Wcetaamoo Circle
Orlando FL 32816

(Use attachment if necessary)

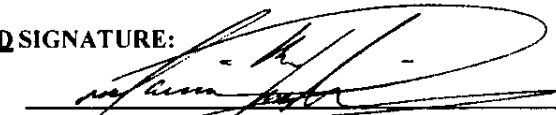
ARTICLE V: Effective date, if other than the date of filing: August 9 2015 (OPTIONAL)

(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:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Mario K. Perkins

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)

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