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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: Terrell Transport Services LLC Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) ar	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	Terrell Simpson	Name of Person	
	Terrell Transport 8	Services LLC Firm/Company	
	250 Taylor Ave	Address	
	Maitland, FL 32751	City/State and Zip Code	
<u>_te</u>	errell_simp@icloud.com E-mail address: (to be use	d for future annual report notificat	ion)
For fur	ther information concerning this matter, plea	ase call:	
Тепте	Il Simpson at (at (ephone Number
	ed is a check for the following amount: 00 Filing Fee \$\Boxed{\subseteq} \$\sqrt{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/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassec, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Terrell Transport Services LLC	d Liability Company, "L.L.C.," or "LLC."		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
250 Taylor Ave	250 Taylor Ave		
Maitland, FL 32751	Maitland, FL 32751		
The name and the Florida street address of the registered. Terrell Simpson Nam 250 Taylor Ave Florida street address (P.O. Both Maitland City Having been named as registered agent and to accept so the place designated in this certificate, I hereby acceptage agencity. I further agree to comply with the provision	ox NOT acceptable) FL 32751 Zip service of process for the above stated limite ept the appointment as registered agent and	agree to act in th	is
of my duties, and I am familiar with and accept the o	obligations of my position as registered ager apter 605, F.S 		

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Page 1 of 2

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