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COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	Oliver Trucking Service, LLC					
SOBJE	Name of Limited Liability Company					
The end	osed Articles of Organization and fee(s) are submitted for filing.					
Please 1	urn all correspondence concerning this matter to the following:					
	Trevor B. Eldredge					
	Name of Person					
	Law Office of Trevor B. Eldredge, LLC					
	Firm/Company					
	PO Box 768					
	Address					
	Kaysville, Utah 84037					
	City/State and Zip Code					
	richoliver1963@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For furth	information concerning this matter, please call:					
	Trevor Eldredge 801 296-2423					
	Name of Person Area Code Daytime Telephone Number					
Enclose	is a check for the following amount:					
	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) S160.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status	tus &				

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:		7
Oliver Trucking Service	ce, LLC		
		d Liability Company, '	'L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	iress of the principal c	office of the Limited L	'L.L.C.," or "LLC.") iability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
2250 Old Mood Blvd.	Lot #80		
Bunnell, FL 32110			
nother business entity with an act	_	d agent are:	
		ss (P.O. Box NOT acc	eptable)
		ss (P.O. Box <u>NOT</u> acc Florida	eptable)
	Florida street addres		
lace designated in this certificate, I irther agree to comply with the prov	Florida street addres Bunnell City tent and to accept serv, hereby accept the app visions of all statutes regations of my position	Florida State sice of process for the a pointment as registered welating to the proper a	32110 Zip bove stated limited liability company at tagent and agree to act in this capacity and complete performance of my duties, a provided for in Chapter 605, F.S.
lace designated in this certificate, I	Florida street addres Bunnell City ment and to accept serve, hereby accept the approvisions of all statutes regations of my position Richa	Florida State sice of process for the a pointment as registered relating to the proper as as registered agent as	32110 Zip bove stated limited liability company at the lagent and agree to act in this capacity and complete performance of my duties, and provided for in Chapter 605, F.S

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(CONTINUED)

			Name and Address:
"AMBR"	= Authorized	Member	
"MGR" =	Manager		
MGR		_	Richard Oliver II
			2250 Old Mood Blvd. Lot #80
			Bunnell, FL 32110
		_	
		_	
		-	
EV: Effe	hment if nece	other than the date o	of filing: (OPTIONAL)
E V: Effective date of filing.) the date in ment's effective.	ctive date, if ce is listed, the is listed in this ective date on er provisions,	other than the date of date must be special block does not me the Department of if any.	eific and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be
E V: Effective date of filing.) the date in ment's effe	etive date, if ce is listed, the inserted in this ective date on the provisions,	other than the date of date must be special block does not me the Department of if any.	eific and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be a State's records.
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E V: Effective date of filing.) the date in ment's effe	etive date, if ce is listed, the is listed, the inserted in this ective date on the provisions, ED SIGNAT	ther than the date of date must be special block does not me the Department of if any. URE: hard Olivering ignature of a memory ment is executed ware that any false intes a third degree of	ex A mber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

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