# 616000043562

(Reguest)	or's Name)	
(ivequesi	or s (Name)	
(Address)		
(Address)		
(City/Stat	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(0)		
(Docume	nt Number)	
Certified Copies	Certificates of	Status
		<u></u>
Special Instructions to Filing	Officer:	
		i

Office Use Only



700282236297

02/25/16--01013--021 \*\*160.00

16 FEB 25 PH & 50

03 3414

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Langley 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:		
Marque T. Langley Name of Person		
Langley Trucking "L.L.C." Firm/Company)		
811 Peach Street		
Brooksville, Fl. 34601		
Langley trucking Qumail. Com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:  Allen E. Longley JR + (352) 398 - 8320  MATQUE Langley 352 777-4610  Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:  \$\Bigsup \text{\$125.00 Filing Fee} \text{\$\Bigsup \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \Bigsup \text{\$\$\$\$\$\$\$\$ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$		

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration 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:
Langley Trucking 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:  Mailing Address:
8/1 Peach Street Brooksville, Fl. 34601  8/1 Peach Street Brooksville, Fl. 34601
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 office another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:  Marque T. Langley  Name  Street  Florida street address (P.O. Box NOT acceptable)  BrookSville Fl. 34401  City 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
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Dom Loff

The name and address of each person autho	rized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  MGAP  AMBR	Marque T. Longley  gli Peach Street  Brooksville, Fi 34601  Allen E. Langley, JR.  811 Peach Street  13 rooks ville, Fi 34601
	TALLAND 2
(Use attachment if necessary)	SEC TO THE
ARTICLE V: Effective date, if other than the date of to the effective date is listed, the date must be specificle date of filing.)	filing: (OPTIO (A) and cannot be more than five business days print to or an days aff
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	<sup>1</sup>
(In accordance with section 605.02 constitutes an affirmation under th	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State is provided for in s.817.155, F.S.)
MARQUE	

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)

ARTICLE IV-