

L16000058186

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

(Business Entity Name)

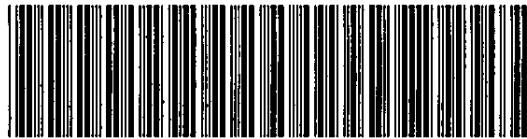
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## Certificates of Status

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EFFECTIVE DATE

3-14-16

2016 MAR 17 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAR 24 2016

T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARNIVAL Tyme 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:

JOHN H. WHITFIELD  
Name of Person

Firm/Company

1100 UNIVERSITY PARKWAY #8  
Address

SARASOTA, FL 34234  
City/State and Zip Code

POMS 72003@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN H. WHITFIELD at ( 941 ) 400-1472  
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

Please expedite!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARNIVAL Tyme TRUCKING LLC

(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:

1100 UNIVERSITY PKwy #8  
SARASOTA, FL 34234

Mailing Address:

PO BOX 3311  
SARASOTA, FL 34230

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:

JOHN H. WHITFIELD

Name

1100 UNIVERSITY PKwy #8

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

SARASOTA FL 34234

City

State

Zip

EFFECTIVE DATE  
3-14-16

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..

John H. Whitfield

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

<u>AmBR</u>	→	<u>Brock A. Meese</u> <u>14760 US Highway 41 S</u> <u>Spring Hill, FL 34610</u>
<u>MGR</u>	→	<u>JOHN H. WHITFIELD</u> <u>PO Box 3311 Sarasota, FL 34230</u> <u>1100 UNIVERSITY PKWY #8</u> <u>SARASOTA, FL 34234</u>

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/14/2016 (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:**

Brock A. Meese  
**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.  
Brock A. Meese  
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)