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APR 20 2016

S. GILBERT

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HASSELL Truck Repair LLC Name of Limited Liability Company
The enclosed Articles of Organization and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeremy John Hassell Name of Person
Hassell Truck Repair Firm/Company
3784 NE Barbara Dr Jensen Beach, FL 34957
Jensen Beach, FL 34957  City/State and Zip Code  Jevery Hassell @ Hotmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeremy Hossell at 772 485-9205  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	and the same of th
	16 APR 15 PM 3:09
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC	(27) (1. 1 A . 1 A
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	
Principal Office Address: Mailing	Address:
3784 NE Barbara Dr. 3784 NE P Jensen Beach, FL 34957 Jensen Bea	Barbara Dr. Ch. Fl. 34957
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	
Name	
Florida street address (P.O. Box NOT acceptable)	
Jensen Beach FL 34957	,
City State Zip	_
Having been named as registered agent and to accept service of process for the above stated limited place designated in this certificate, I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes relating to the proper and complete perform am familiar with and accept the obligations of my position as registered agent as provided for in Claracteristics.  Registered Agent's Signature (REQUIRED)	to act in this capacity. I rmance of my duties, and I
Page 1 of 2	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR + MGR	
7 10.11	Jeremy Hassell
	3784 NE Barbara Dr Jensen Beach, FL 34957
,	
(Use attachment if necessary)	
EV: Effective date, if other than the de	ate of filing: (OPTIONAL)
E V: Effective date, if other than the decrive date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does no	specific and cannot be more than five business days prior to or 9 of meet the applicable statutory filing requirements, this date will no
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\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)