## L/6000082286

(Re	equestor's Name)	_
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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SECRE ARY OF STATE DIVISION OF COMPORATION

## **COVER LETTER**

TO:	Registration Division of C			
SUBJI	ECT: <u>Daugh</u> e	orty Trucking LLC Name of Lir	nited Liability Company	<del>,</del>
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corres	pondence concerning this m	natter to the following:	•
	Benjamin	Daugherty	Name of Person	**************************************
	<del></del>		Firm/Company	
	3002 Gat	ewood Dr	Address	
	Phenix Ci	ty. AL 36870	City/State and Zip Code	
<u>_d</u> ;	augherty6957@	ogmail.com E-mail address: (to be use	d for future annual report notific	ation)
For fu	ther information	concerning this matter, plea	ase call:	
<u>Benia</u>	min Daugherty Nam	e of Person		elephone Number
Enclos	ed is a check for	the following amount:		
\$125.0	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
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

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
DaughertyTrucking 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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
147 Ashley St	3002 Gatewood Dr
Hawthorne FL 32640	Phenix City. AL 36870
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or n.)
The name and the Florida street address of the registered	agent are:
Benjamin Daugherty	
Name	
147 Ashley St	
Florida street address (P.O. Box	NOT acceptable)
	* /
<u>Hawthome</u> City	FL 32640
Chy	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in er 605, F.S
Registered Agent's Signal	(REQUIRED)

(CONTINUED)

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16 APR 22 PM 2: 49

AMBR" = Authorized Member	Name and Address:
MGR" = Manager AMBR	Basiswin Daughart
AWDR	Benjamin Daugherty 3002 Gatewood Dr
	Phenix City, AL 36870
	110000
<del></del>	
· · · · · · · · · · · · · · · · · · ·	
V: Effective date, if other than the date stive date is listed, the date must be spe	of filing: (OPTIONAL)  cific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date ctive date is listed, the date must be speffiling.)	cific and cannot be more than five business days prior to or 9
ctive date is listed, the date must be spe f filing.)  VI: Other provisions, if any.	cific and cannot be more than five business days prior to or s
Signature of a mer (In accordance with section 60: constitutes an affirmation under I am aware that any false inform	cific and cannot be more than five business days prior to or s
V: Effective date, if other than the date crive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mere (In accordance with section 60: constitutes an affirmation under I am aware that any false inform	mber of an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
V: Effective date, if other than the date tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60: constitutes an affirmation under I am aware that any false information constitutes a third degree felonger.	mber of an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)

Page 2 of 2