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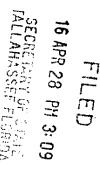
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Registration Section

Di	vision of Corporations			
SUBJECT:	Load Mole Transportation LLC			
Sebuzei.		Limited Liabili	ty Company	
The enclose	ed Articles of Organization and fee(s	s) are submitted	for filing.	
Please return	n all correspondence concerning thi	s matter to the f	ollowing:	
	Vince Jacobs			
		Name of	Person	
	Load Mole Transportation LLC			
•		Firm/Co	mpany	
	6205 nw 21st street			
•		Addr	ess	
	Ocala, Florida 34482			
v	rincejacobs53@aol.com	City/State and	d Zip Code	
	E-mail address: (to be u	ised for future a	nnual report notification)	_
For further in	formation concerning this matter, pl	lease call:		
•	Vince Jacobs	6 78	708-9888	
-	Name of Person	Area Code	Daytime Telephone Num	ber
Enclosed is	a check for the following amount:			
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	└ Certific	ed Copy Il copy is enclosed) Ce	60.00 Filing Fee, ertificate of Status & ertified Copy itional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section	
	Division of Corporations		Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circl	e e

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 APR 28 PM 3: 09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Load Mole Transportation 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:	Mailing Addre	<u>:ss</u> :
<u>.</u>	6205 nw 21st street Ocala,FL 34482	6205 nw 21st street Ocala,FL	34482
(The Limite another bus	III - Registered Agent, Registered Office, & Red Liability Company cannot serve as its own Registness entity with an active Florida registration.) and the Florida street address of the registered agent Vince Jacobs	istered Agent. You must designate an indi	ividual or
	Nai	me	
	6205 nw 21st street Florida street address (P.C	D. Box NOT acceptable)	
	Ocala	FL	
	City	State 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)

Page 1 of 2

		Name and Address:	PR 28 PM 3:
"AMBR" = A	Authorized Member	SECR	ETARY OF 31, HASSEE FLOR
"MGR" = M	anager	TALLA	HASSEE
<u>MGR</u>		Vince Jacobs	TOOLE FLOR
		6205 nw 21st street Ocala,FL 34482	
		Ocala,1 E 34402	
	<u> </u>		
		- Marin Allaharan and Allahara	
LEV: Effective date is	ent if necessary) /e date, if other than the date of listed, the date must be spe	of filing: (O	PTIONAL) ys prior to or 90 (
LE V: Effective date is of filing.) f the date insement's effection	ve date, if other than the date elisted, the date must be spe	cific and cannot be more than five business da eet the applicable statutory filing requirements,	ys prior to or 90 o
LE V: Effective date is of filing.) f the date insement's effective VI: Other p	ve date, if other than the date of listed, the date must be sperted in this block does not make the date on the Department of	eet the applicable statutory filing requirements, of State's records.	ys prior to or 90 o
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