

LL6000102387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400285278404

05/02/16--01022--001 **125.00

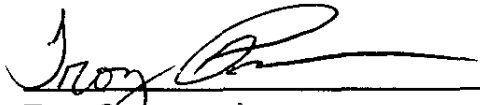
RECEIVED
MAY 2 2016
FILING OFFICE
TALLAHASSEE, FL 32310

16 MAY 25 PM 4:43

FILED

PEARSON'S TRUCKING
929 SR 51 SOUTH
MAYO, FLORIDA 32066
386-688-1975

Attached are the Articles of Organization for Pearson's Trucking and a check for \$125.00 made payable to Florida Department of State.



Troy Pearson

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PEARSON'S 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:

TROY PEARSON

Name of Person

PEARSON'S TRUCKING LLC

Firm/Company

929 SR 51 SOUTH

Address

MAYO, FLORIDA 32066

City/State and Zip Code

pearson86@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TROY PEARSON

386

688-1975

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2016

PEARSON'S TRUCKING
929 SR 51 S
MAYO, FL 32066

SUBJECT: PEARSON'S TRUCKING LLC
Ref. Number: W16000034094

We have received your document for PEARSON'S TRUCKING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 616A00009853

RECEIVED
16 MAY 25 AM 10:37
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: T. M. Pearson Trucking I.L.C
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:

Troy Michael Pearson
Name of Person
T. M. Pearson Trucking I.L.C
Firm/Company
929 State Road 51 South
Address
Mayo, Florida 32066
City/State and Zip Code
pearson86@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Troy Michael Pearson 386 688-1975
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

T. M. Pearson 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:

Mailing Address:

929 State Road 51 South

same

Mayo, Florida 32066

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:

Troy Michael Pearson

Name

929 State Road 51 South

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

Mayo

Florida

32066

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)

FILED
16 MAY 25 PM 4:43
TROY MICHAEL PEARSON
REGISTERED AGENT
FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Troy Michael Pearson

929 State Road 51 South

Mayo, Florida 32066

(Use attachment if necessary)

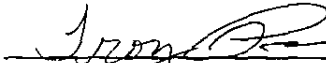
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Troy Michael Pearson

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)