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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Section Division of Corporations	
CHRIE	Hunter Trucking Company, LLC	
SODJE	Name of Limited Liability Company	
The end	enclosed Articles of Organization and fee(s) are submitted for filing.	
Please 1	se return all correspondence concerning this matter to the following:	
	Jemal David Hunter	
	Name of Person	
	Firm/Company	
	2851 NW 94th Street	
	Address	
	Miami, FL 33147	
	City/State and Zip Code	- 11111-
	huntertruckingservice@gmail.com E-mail address: (to be used for future annual report notification)	
For fu r th	orther information concerning this matter, please call:	
	Lateisha Colebrooke 954 643-1898	
	Name of Person Area Code Daytime Telephone Num	ber
Englose	logad is a shook for the fallowing amount.	
	Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, ertificate of Status & ertified Copy litional copy is enclosed)
	Mailing Address Street Address	
	New Filing Section New Filing Section Division of Corporations Division of Corporations	
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circ	le

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
Hunt	er Trucking Company	LLC		
			y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Limited	d Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Addı	ress:
99 NW 183rd Street Suite # 239H Miami, FL 33169			1 NW 94th Street imi, FL 33147	
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registra	tion.)	y ou must designate an in	gividual or
	Jemal David Hunte			
		Name		
	2851 NW 94th Stre	eet		
		ess (P.O. Box NOT a	acceptable)	
	Miami	FL	33147	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the or	e, I hereby accept the approvisions of all statutes bligations of my position	ppointment as register relating to the prope	red agent and agree to act or and complete performan as provided for in Chapte	in this capacity. I uce of my duties, and I
		(CONTINUED))	is is
		Page 1 of 2		

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
CEO	Jemal David Hunter	
	99 NW 183rd Street #239H	
	Miami, FL 33169	
		
		
		
Use attachment if necessary)		
f filing.) the date inserted in this block does not m	ecific and cannot be more than five business days prior to seet the applicable statutory filing requirements, this date of State's records.	
f filing.)	ect the applicable statutory filing requirements, this date	
f filing.) the date inserted in this block does not ment's effective date on the Department of	ect the applicable statutory filing requirements, this date	
f filing.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.	ect the applicable statutory filing requirements, this date	
f filing.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.	ect the applicable statutory filing requirements, this date	
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