L16000181047

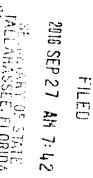
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
_,,,	g	

Office Use Only



700290502787

09/27/16--01006--002 **125.00



V HERRING SEP 2 9 2016

COVER LETTER

	Registration Division of C	Section Corporations		w.
SUBJECT	Γ: <u>Airwolf</u>	Trucking, LLC Name of Lir	nited Liability Company	
The enclos	sed Articles	of Organization and fee(s) a	re submitted for filing.	
Please retu	irn all corre	spondence concerning this m	atter to the following:	
	Mary Je	an Bassett		
			Name of Person	
	Airwolf T	rucking, LLC	F: /0	
			Firm/Company	
	3545 W.	Hwy 316	Address	
	Reddick,	FL 32686	City/State and Zip Code	
<u>fmba</u>	ssett@yah	oo.com E-mail address: (to be use	d for future annual report notifica	ition)
For further	information	n concerning this matter, plea	ase call:	
Mary Jea	an Bassett Nam	at (at (28 lephone Number
Enclosed i	s a check fo	r the following amount:		
☑ \$125.00 F	iling 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)
	<u>Mai</u>	ling Address	Street/Courier Addi	r <u>ess</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2016 SEP 27 AM 7: 42 ARTICLE I - Name: The name of the Limited Liability Company is: Airwolf 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:** 3545 W. Hwy 316 Reddick, FL 32686 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: Mary Jean Bassett Name 3545 W. Hwy 316 Florida street address (P.O. Box NOT acceptable) Reddick City 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.,

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Many Jama Danashi
MGR	Mary Jean Bassett
	3545 W. Hwy 316 Reddick, FL 32686
	Reduick, FL 32000
MGR	Frank Middaugh Bassett
	3545 W. Hwy 316
	Reddick, FL 32686
(Use attachment if necessary)	
E V: Effective date, if other than the da ective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the datective date is listed, the date must be so filling.)	
E V: Effective date, if other than the datective date is listed, the date must be sof filing.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the datective date is listed, the date must be sof filing.)	pecific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the datective date is listed, the date must be sof filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the datective date is listed, the date must be sof filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the da ective date is listed, the date must be sof filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the datective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a new contraction of the soft in th	specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a no (In accordance with section of	nember or an authorized representative of a member.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a normal (In accordance with section of constitutes an affirmation under the constitutes and the c	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 to the execution of State or an authorized representative of a member.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the datective date is listed, the date must be soffiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a normal (In accordance with section of constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (a) (b), Florida Statutes, the Department of State ormation submitted in a document to the Department of State ormation submitted for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be soff filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a machine constitutes an affirmation under a machine that any false info	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (a) (b), Florida Statutes, the Department of State formation submitted in a document to the Department of State form as provided for in s.817.155, F.S.) 618.888tt 619.000000000000000000000000000000000000
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a normal (In accordance with section of constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (a) (b), Florida Statutes, the Department of State formation submitted in a document to the Department of State form as provided for in s.817.155, F.S.) 618.888tt 619.000000000000000000000000000000000000
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of an (In accordance with section of constitutes an affirmation und I am aware that any false inforconstitutes a third degree felo Mary Jean Ba	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (a) (b), Florida Statutes, the Department of State ormation submitted in a document to the Department of State ormation submitted for in s.817.155, F.S.)

Page 2 of 2