417000006422

(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



700293572697

01/06/17--01013--028 **130.00

CONTACTOR STATE

D O'KEEFE JAN 1 1 2017

COVER LETTER

45

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Corporations	
SUBJECT:	Gifted Hands Trucking, L.L.C.	
,	Name of L	Limited Liability Company
The enclosed	1 Articles of Organization and fee(s)	are submitted for filing.
Please return	all correspondence concerning this	matter to the following:
١	lermaine Braceley, Sr.	
_		Name of Person
_		Firm/Company
2	2644 12th Square, SW	
-		Address
•	Veto Beach, Florida 32968	
- V1	ette.holmes@att.net	City/State and Zip Code
-		ed for future annual report notification)
For further inf	ormation concerning this matter, plea	ase call:
Y	vette Braceley	772 559-0167
_		Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125,00 Fili	~	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	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

(Must e	nd with the words "Limited Lia		
		ability Company, *	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	et address of the principal office	e of the Limited L	iability Company is:
Prin	cipal Office Address:		Mailing Address:
2644 12th Square	SW	2644	2th Square SW
Vero Beach, Flori	1 30070	Vero I	Beach, Florida 32968
RTICLE III - Registered The Limited Liability Comp nother business entity with	Agent, Registered Office, & Rany cannot serve as its own Regun active Florida registration.)	Registered Agent gistered Agent. Yo	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Rany cannot serve as its own Regan active Florida registration.) eet address of the registered age	Registered Agent gistered Agent. Yo	's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Rany cannot serve as its own Reg an active Florida registration.) eet address of the registered age	Registered Agent gistered Agent. Yo ent are:	's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Rany cannot serve as its own Region active Florida registration.) Leet address of the registered age Yvette Holmes-Bracelev Na	Registered Agent gistered Agent. Yo	's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Rany cannot serve as its own Reg an active Florida registration.) eet address of the registered age	Registered Agent gistered Agent. Yo ent are:	's Signature: ou must designate an individual
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Reany cannot serve as its own Region active Florida registration.) Let address of the registered age Yvette Holmes-Bracelev No. 2644 12th Square SW	Registered Agent gistered Agent. Yo ent are:	's Signature: ou must designate an individual

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

17 JAN - 6 PM 2: 33

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" ≃ Manager MGR	Jermaine Braceley, Sr
	Jermaine Braceley, Sr. 2644 12th Square SW
	Vero Beach, Florida 32968
(Use attachment if necessary)	
ctive date is listed, the date must be f filing.) the date inserted in this block does no	late of filing:
ective date is listed, the date must be filling.) the date inserted in this block does no ment's effective date on the Departme EVI: Other provisions, if any.	especific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records.
ctive date is listed, the date must be filing.) the date inserted in this block does no nent's effective date on the Department.	especific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records.
ective date is listed, the date must be filling.) the date inserted in this block does no ment's effective date on the Departme EVI: Other provisions, if any.	especific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records.
ective date is listed, the date must be filling.) the date inserted in this block does no ment's effective date on the Departme EVI: Other provisions, if any.	especific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records.
retive date is listed, the date must be f filing.) the date inserted in this block does not nent's effective date on the Departme E. VI: Other provisions, if any. REQUIRED SIGNATURE:	of meet the applicable statutory filing requirements, this date will not ent of State's records.
retive date is listed, the date must be f filing.) the date inserted in this block does not nent's effective date on the Departme E. VI: Other provisions, if any. REQUIRED SIGNATURE:	of meet the applicable statutory filing requirements, this date will not ent of State's records.
retive date is listed, the date must be f filing.) the date inserted in this block does not nent's effective date on the Department. E. VI: Other provisions, if any. REQUIRED SIGNATURE: This document is executive date must be date.	ot meet the applicable statutory filing requirements, this date will not ent of State's records. the model of an authorized representative of a member. Equipment of an accordance with section 605.0203 (1) (b), Florida Statutes.
ctive date is listed, the date must be filing.) the date inserted in this block does not nent's effective date on the Department. E. VI: Other provisions, if any. REQUIRED SIGNATURE: This document is executed any of the provision of the provi	ot meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Denartment of State.
retive date is listed, the date must be filing.) the date inserted in this block does not ment's effective date on the Department. E. VI: Other provisions, if any. REOUIRED SIGNATURE: This document is exert am aware that any ficonstitutes a third department.	nember or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
retive date is listed, the date must be filing.) the date inserted in this block does not nent's effective date on the Department. E. VI: Other provisions, if any. REOUIRED SIGNATURE: This document is executed any of the provisions of the provisions.	nember or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
ctive date is listed, the date must be filing.) the date inserted in this block does not ment's effective date on the Department. E. VI: Other provisions, if any. REOUIRED SIGNATURE: This document is executed and aware that any ficonstitutes a third department.	nember or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
ctive date is listed, the date must be filing.) the date inserted in this block does not nearly effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: This document is executed any file of a maware that any file constitutes a third department.	the specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. Typed or printed name of signee
ctive date is listed, the date must be filing.) the date inserted in this block does not be determined by effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNATURE: This document is exert a may are that any fix constitutes a third determined by the date of the date	the specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. the modern of an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
ctive date is listed, the date must be filing.) the date inserted in this block does not nent's effective date on the Department. E. VI: Other provisions, if any. REOUIRED SIGNATURE: This document is exert a maware that any fix constitutes a third department.	temperate and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. The member of an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. The proceeding of signee Filing Fees: Organization and Designation of Registered Agent
retive date is listed, the date must be filing.) the date inserted in this block does not nent's effective date on the Department. E. VI: Other provisions, if any. REOUIRED SIGNATURE: This document is exed I am aware that any fix constitutes a third department. \$125.00 Filing Fee for Articles of	the specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent [1]
ctive date is listed, the date must be filing.) the date inserted in this block does not nearly effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNATURE: This document is exed I am aware that any fix constitutes a third department is exed I am aware that any fix constitutes a third department. \$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Optional)	the specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent [1]