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17 JAN 23 AH ID: 1

SECKETARY OF STATE

C. GOLDEN JAN 2 3 2017

## COVER LETTER

TO: Registration Section Division of Corporations	<b></b>			
SUBJECT: Wayne Foun-	tain Trucking LLC ed Liability Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Wayne Fountain Name of Person				
Firm/Company —				
P.D. BOX 382				
Mayo F1 32066				
Cheryltaylor 1 @ Windstream. net E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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  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:

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(Must end with the words "Limited Liability Company, "L.L.C.," or "LEC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:  13/00 NE Shooty Oaks Rd P.O.BOX 382  Mayo F1  32066  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:  Wayne Fountain  Name  1360 NE Shadu Oaks Rd  Florida street address (P.O. Box NOT acceptable)  Mayo F1 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)				
Page 1 of 2				

ARTICLE IV- The name and address of each person authority	orized to manage and control the Limited I	Liability Company: FILED
Title:  "AMBR" = Authorized Member  "MGR" = Manager  MGR P	Name and Address:  Wayne Fo	17 JAN 23 AM 10: 46  SEUNETARY DE STATE  ALL AHASSEE, FLORIDA
AMBR	Cheryl Ta  1360 JNE  mayor	32066
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date o (If an effective date is listed, the date must be specthe date of filing.)  Note: If the date inserted in this block does not me the document's effective date on the Department of	ific and cannot be more than five busines et the applicable statutory filing requireme	•
ARTICLE VI: Other provisions, if any.		
This document is execute I am aware that any false i	nber or an authorized representative of a d in accordance with section 605.0203 (1) information submitted in a document to the felony as provided for in s.817.155, F.S.  Typed or printed name of signee	(b), Florida Statutes.
\$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optiona	Filing Fees: anization and Designation of Registered	Agent