L17000061577

| (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: | |
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Office Use Only



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2017 MAR 20 PH 10: 04 SECRETARY OF STATE



COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: JPV Trucking LLC |
| SUBJECT: V NUCKING 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: |
| Julio Paneto Name of Person |
| Firm/Company |
| 4130 Vista Lago Cir. Apt. #306 |
| KISSIMEE FL 34741 City/State and Zip Code juliopaneto 69@gmail.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Julio Paneto at (787) 347-7615 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee S130.00 Filing Fee S2 Certificate of Status (additional copy is enclosed) \$155.00 Filing Fee S2 Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status S2 Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

TPV Trucking LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

| ARTICLE III - Registered Age (The Limited Liability Company | cannot serve as its own R | Registered Age | 3(1) VISTO LOGO UI SSIME F. FL 3474/ nt's Signature: You must designate an in | adividual or |
|---|---|---|---|---|
| another business entity with an a | ctive Florida registration | .) | | |
| The name and the Florida street a | ddress of the registered of | igeni are: | | |
| | Julio Abnet | () Name | | |
| | 4130 Vistor Florida street address | Lago Cir. | Apt. 305 acceptable) | |
| • | KISSIMEE. | FL State | 34741 zip | |
| Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob- | I hereby accept the appo ovisions of all statutes re | intment as registe lating to the prope | red agent and agree to act er and complete performan | t in this capacity. I ncc of my duties, and I |
| * | Miss Unal Register | auto M | alure (REQUIRED) | |
| | | (CONTINUED |) | |
| | | | | 2017 MAR 20 PHIO: SECRETARY OF STAILLAHASSEE FLORE |

| <u>itle:</u> | Name and Address: |
|--|---|
| AMBR" = Authorized Member | |
| MGR" = Manager | - · · · · · · · · · · · · · · · · · · · |
| MGR | Julia PanEto |
| | 4130 Vister Logo Cic Apt 305 |
| | KISSIMEE FL, 34741 |
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| ective date is listed, the date must of filing.) | ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 96 |
| EV: Effective date, if other than the lective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Department's effective date on the Department. | be specific and cannot be more than five business days prior to or 90 so not meet the applicable statutory filing requirements, this date will no |
| EV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does | be specific and cannot be more than five business days prior to or 90 so not meet the applicable statutory filing requirements, this date will no |
| EV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's effective date. | s not meet the applicable statutory filing requirements, this date will no timent of State's records. |
| EV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Department's effective date on the | s not meet the applicable statutory filing requirements, this date will no timent of State's records. If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Stututes, any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. |
| EV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Department's effective date on the | s not meet the applicable statutory filing requirements, this date will not ment of State's records. The another of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State. |