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(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:	٦

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Life's a Truck 11C 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:
anthony J. Lewis JR.
Life's a Truck LLC
Firm/Company
1204 Arkenson St
Address
(9/lahassee FL 32304) City/State and Zip Code
(Inthony lewis 765 @ gmg. 1.com
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
. Area code Daytine releptione realities
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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	l - Name:
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The name of the Limited Liability Company is:

Life's a Truck LLC

(Must contain the words "Limited Liability Company "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1204 Arkansa, 5+	
Tallahass Pr 5 32304	
16/1/10/10/10/10/10/10/10/10/10/10/10/10/1	

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:

Nong J

1204 AT KANSI) +

Callabasier

City

State

7in

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)

Title: "AMBR" = Authoriz "MGR" = Manager	zed Member	Name and Address:
MGR		anthony S Lewis St- 1204 Altange St. Talkhasser to 37304
		
(Use attachment if n	•	
TICLE V: Effective date, n effective date is listed, late of filing.) e: If the date inserted in document's effective date	if other than the date of f the date must be specifi this block does not meet on the Department of S	the applicable statutory filing requirements, this date will not be listed a
TCLE V: Effective date, n effective date is listed, late of filing.) e: If the date inserted in	if other than the date of f the date must be specifi this block does not meet on the Department of S	ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)