L17000 178775

(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:
<u> </u>

Office Use Only



100302702751

08/22/17--01002--009 **125.00

FILED
17 AUG 22 AM 9: 21
SECROPRY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: AMS TRUCKING, L.L.C. 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:
ANGELA SANDOVAL Name of Person
Name of Person
Firm/Company
15181 CORTONH WAY Address
City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANGELA SANOUALat (239) 784-5736 Name of Person Area Code Daytime Telephone Number
Epclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) (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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
AMS TRUCKING L.L.C. (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")
(Must contain the words "Limited Liability Company, "L.L.C.," or "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:
15/8/ CONTONA WAY NAPLES, FL 34120 NAPLES, FL 34120 NAPLES, FL 34120
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:
ANGELA SANDOVAI
Name
ANGELA SANDOVAL Name 15181 CONTONA WAY Florida street address (P.O. Box NOT acceptable)
$\frac{NAFLES}{City} \frac{FL}{State} \frac{34/20}{Zip} \stackrel{\bigcirc}{\text{Sign}} \stackrel{\bigcirc}{\text{Sign}}$
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
Registerer Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = / "MGR" = Mi	Authorized Member	Name and Address:	
	- 	ANGELA SANDOVAL	
"MG	$\mathcal{R}^{"}$		
	-		
CLE V: Effective	ent if necessary)	date of filing: (OPTIONAL)	
CLE V: Effective effective date is late of filing.) If the date insen	e date, if other than the disted, the date must be ted in this block does not date on the Departm	date of filing:	
CLE V: Effective effective date is let of filing.) If the date insertionment's effective	e date, if other than the disted, the date must be ted in this block does not date on the Departm	to specific and cannot be more than five business days prior to or 90 d	
CLE V: Effective effective date is late of filing.) If the date inserpcument's effective CLE VI: Other processing the content of the content	e date, if other than the disted, the date must be ted in this block does not determine date on the Department ovisions, if any.	not meet the applicable statutory filing requirements, this date will not be ent of State's records.	
CLE V: Effective effective date is late of filing.) If the date insert ocument's effective CLE VI: Other processing the content of the content ocument.	te date, if other than the disted, the date must be detented in this block does not detent the Department of the Department of the Department of a This document is extended that any form of the Department of th	to specific and cannot be more than five business days prior to or 90 d	
CLE V: Effective effective date is late of filing.) If the date insert occument's effective CLE VI: Other process.	e date, if other than the disted, the date must be ted in this block does not be date on the Departm ovisions, if any. SIGNATURE: Signature of a This document is excelled an aware that any foconstitutes a third department.	especific and cannot be more than five business days prior to or 90 do not meet the applicable statutory filing requirements, this date will not be ent of State's records. Light State's records. The applicable statutory filing requirements, this date will not be ent of State's records. The applicable statutory filing requirements, this date will not be ent of State will not be provided by the programment of State and State will not be provided by the programment of State and State will not be provided by the programment of State and State will not be ent of Stat	

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)