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## COVER LETTER

Division of Corporations
SUBJECT: TEAM XPRESS TRUCKING 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:
David Greenman
Name of Person
19353 Lancaster Ro
Address
Live Oak FL 320 (oc 1475 do O gmail . Com E-mail address: (to be used for future annual report notification)
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:
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee. Certified 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 - Name:
The name of the Limited Liability Company is:
TEAM XPRESS TRUCKING LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
19353 lancaster ld SAME
1(VE 091C F.C. 3-2000
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:
David Greanmen
19353 Lancaster Rd.

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)

	TCLE IV- name and address of each person authorized to mana	ge and control the Limited Liability Company:	
Wer Dig	BR" = Authorized Member  iR" = Manager  CU (C) (24) (25)	and Address:  Davin Greenman  353 Lancuster Rd  20ak FL 32000	
MGRJ.	sseph Grænman Jos	seph Greenman 353 Lancuster RV 2 Ogic FL 32060	
(Us	attachment if necessary)		
the date of fil <u>Note:</u> If the the documen	ng.)	the more than five business days prior to or 90 day le statutory filing requirements, this date will not be s.	
RE	This document is executed in accordance I am aware that any false information subconstitutes a third degree felony as provi	horized representative of a member. e with section 605.0203 (1) (b), Florida Statutes, emitted in a document to the Department of State	