

L17000253487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

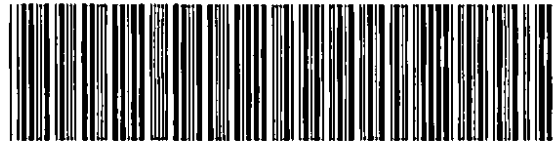
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

12/12/17  
M. Page

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 2 Old Men In A Truck Construction, 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:

Matthew H. Swyers  
Name of Person

TTC Business Solutions  
Firm/Company

2703 Jones Franklin Rd. Suite 206  
Address

Cary, NC 28518  
City/State and Zip Code

mjsilver2015@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew H. Swyers 888 892-3040  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
- ☐ \$130.00 Filing Fee & Certificate of Status
- ☐ \$155.00 Filing Fee & Certified Copy  
(additional copy is enclosed)
- ☐ \$160.00 Filing Fee, Certificate of Status & 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:

2 Old Men In A Truck Construction, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>9631 Bud St</u>	<u>9631 Bud St</u>
<u>Hudson, FL 34698</u>	<u>Hudson, FL 34698</u>

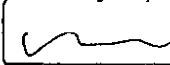
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

<u>Michael Crocker</u>		
Name		
<u>9631 Bud St</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Hudson</u>	<u>FL</u>	<u>34698</u>
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. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

DocuSigned by:  
  
BBF6D15263E2FA Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Michael Crocker

9631 Bud St

Hudson, FL 34698

AMBR

Edwin Decker

9631 Bud St

Hudson, FL 34698

(Use attachment if necessary)

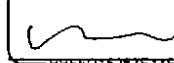
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Crocker

Typed or printed name of signee

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2703 Jones Franklin Road, Suite 205  
Cary, North Carolina 27518  
Tel. (888) 892-3040  
Fax (270) 477-4574  
TTCBusinessSolutions.com

December 4, 2017

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: 2 OLD MEN IN A TRUCK CONTRUCTION, LLC**  
**Articles of Organization**

Dear Sir or Madam:

Enclosed please find Articles of Organization for the Limited Liability Company for 2 OLD MEN IN A TRUCK CONTRUCTION, LLC as well as a check in the amount of \$125.00 for the filing fee associated with this filing.

Thank you for your time and attention to this matter. Please call if you have any questions on the same.

Very truly yours,

TTC Business Solutions

Enclosures: as stated