

L180000007436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

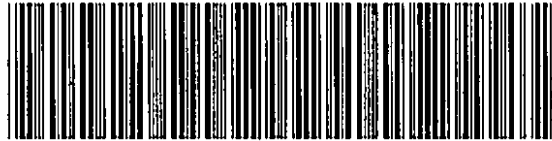
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

JAN 11 2018

T. SCOTT



400305787164

05/27/16--01007--014 \*\*130.00

RECEIVED  
JAN 11 AM 9:16  
STATE  
OF CALIFORNIA

01.04.18

To: Tyrone Scott

RECEIVED  
JAN 9 2018

Can you apply the fee that  
was for my old Application with  
was <sup>June 3 2016</sup> W16000040514 to  
my new Application please.

~~Christine G Madurie~~

Christine G Madurie

And all so can  
you send it back  
to this mailing address

1882 Elliott Hwy  
Bishopville SC 29010

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: MADURIE 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:

CHRISTINE G MADURIE

Name of Person

Firm/Company

1102 JOHSON RD

Address

CLEWISTON FL 33440

City/State and Zip Code

christinemadurie@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE G MADURIE

863

677-5878M

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:

MADURIE 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:

1102 JOHNSON RD

CLEWISTON FL 33440

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:

CHRISTINE G MADURIE

Name

1102 JOHNSON RD

Florida street address (P.O. Box **NOT** acceptable)

CLEWISTON

FL

33440

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, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

Christine G Madurie

Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 JAN 11 AM 9:16

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JAN 11 2011  
STATE  
OF FLORIDA  
SECRETARY OF STATE

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

CHRISTINE G MADURIE

1102 JOHNSON RD

CLEWISTON FL 33440

(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 listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Christine G Madurie*

**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.

\_\_\_\_\_  
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)**