

# L18000035809

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

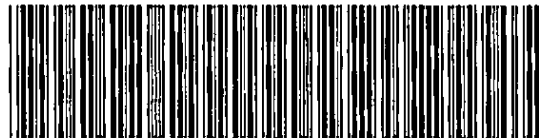
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only




800308585778

02/08/18--01022--014 \*\*130.00

FILED  
18 FEB -8 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

N CULLIGAN

FEB 12 2018

  
BUCERO TRUCKING, LLC  
1526 SW PAAR DRIVE  
PORT SAINT LUCIE, FL 34953  
808-250-3467



February 2, 2018

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

Dear New Filing Section:

Attached please find the following items:

The Articles of Organization  
A check in the amount of \$130.00

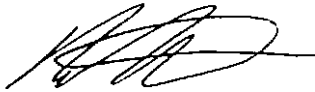
Should you require additional information, please feel free to call.

808-250-3467

Or

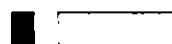
772-708-8528

Sincerely,

A handwritten signature in black ink, appearing to be 'Bucero', is written over a horizontal line.

BUCERO TRUCKING, LLC

Encl:2



**COVER LETTER**

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

**SUBJECT:** BUCERO 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:

MARIA ROMO

\_\_\_\_\_  
Name of Person

BUCERO TRUCKING, LLC

\_\_\_\_\_  
Firm/Company

1526 SW PAAR DRIVE

\_\_\_\_\_  
Address

PORT SAINT LUCIE, FL 34953

\_\_\_\_\_  
City/State and Zip Code

BUCEROTRUCKINGLLC@YAHOO.COM

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

For further information concerning this matter, please call:

MARIA ROMO

808

250-3467

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:

BUCERO 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:

1526 SW PAAR DRIVE  
PORT SAINT LUCIE, FL 34953

1526 SW PAAR DRIVE  
PORT SAINT LUCIE, FL 34953

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:

MARIA ROMO

Name

1978 SE WEST DUNBROOKE CIRCLE

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

PORT SAINT LUCIE      FL      34952

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

MARIA ROMO

1978 SE WEST DUNBROOKE CIRCLE

PORT SAINT LUCIE, FL 34952

AMBR

MARIELA CERDA

4981 HAPPINESS STREET

FORT PIERCE, FL 34981

AMBR

BETTYE BUCHANAN

1526 SW PAAR DRIVE

PORT SAINT LUCIE, FL 34953

(Use attachment if necessary)

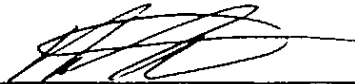
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

(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:**



**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.

MARIA ROMO

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)

FILED  
18 FEB -8 AM 9:21  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA