L18000043767

(Requesto	r's Name)	
(Address)		
(Address)		
(City/State	e/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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02/20/18--01003--020 **125.00

DIN FEB 20 FM 1: 36

2018 FEB 20 PH 1: 48
SECRETARY OF STATE

FILED

COVER LETTER

	Filing Section sion of Corporations		
SUBJECT:	HAMMER Name of	TRUCKING LAC Limited Liability Company	
The enclosed	Articles of Organization and fee(s	s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:			NO SHOW WHEN IN
-	DON HAM	Name of Person	
-		UENILD DR	
-	THILA	HASSEK Fl. Address	
		323/1	
		City/State and Zip Code	
_	E-mail address: (to be	used for future annual report notification)	
For further in	formation concerning this matter, [please cail:	
		at (8\$50) 7 RG 0589	
/	Name of Person	Area Code Daytime Telephone Number	NO THE PARTY OF ST
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee Certificate of State		d)
	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	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
1114/ T-DIFULLUDA
1114 Ightwill
TATIAN ACEKE FI
323/1
·

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

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

THIAMSSEE FI 32

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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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)