

L18 000 066 856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

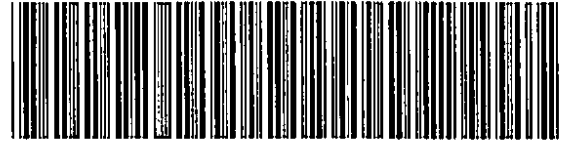
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000309202190

03/19/18--01013--007 \*\*65.00

02/26/18--01047--008 \*\*60.00

FILED  
18 MAR 19 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
MAR 19 2018

W18-20254



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 1, 2018

LOWELL S FLOYD  
3189 HWY 277  
VERNON, FL 32462

SUBJECT: K&R TRUCKING INVESTMENTS, LLC.  
Ref. Number: W18000020254

We have received your document for K&R TRUCKING INVESTMENTS, LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A fee of \$65.00 is due in order for us to complete your application. The fee to file a LLC is \$125.00. We only received \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 918A00004222

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: K&R TRUCKING INVESTMENTS, 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:

LOWELL S FLOYD

Name of Person

Firm/Company

3189 HWY 277

Address

VERNON, FL 32462

City/State and Zip Code

stevekrt@gmail.com

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

For further information concerning this matter, please call:

STEVE FLOYD

702

531-4784

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:

K&R TRUCKING INVESTMENTS, 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:

3189 HWY 277

VERNON, FL. 32462

Mailing Address:

3189 HWY 277

VERNON, FL. 32462

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:

LOWELL S. FLOYD

Name

3189 HWY 277

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

VERNON,

FLORIDA

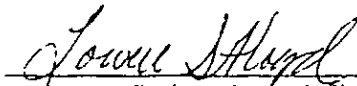
32462

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)

SECRETARY OF  
STATE  
TALLAHASSEE, FLORIDA

18 MAR 19 AM 11:39

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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

AMBER-MGR

**Name and Address:**

LOWELL S. FLOYD

277 HWY 277

VERNON, FLORIDA 32462

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MARCH, 1ST, 2018 (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:**

*Lowell S. Floyd*  
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.

LOWELL S. FLOYD

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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