

L18000193585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

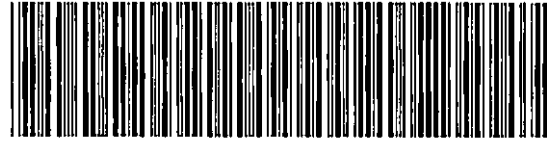
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18-67250

Office Use Only



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07/13/18--01018--018 **155.00

FILED
18 AUG 13 AM 10:42

T COLLINS
AUG 14 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2018

LEN YANKE
PO BOX 925
POLK CITY, FL 33868-0925 US

SUBJECT: L & M TRUCKING LLC
Ref. Number: W18000067250

We have received your document for L & M TRUCKING LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P16000053615.

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.

Taylor B. Collins
Regulatory Specialist II

Letter Number: 018A00015178

2018 AUG 13

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lorenzo L. McCants Sr. 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:

Len Yanke

Name of Person

Polk County Document Services

Firm/Company

PO Box 925

Address

Polk City, Florida 33868-0925

City/State and Zip Code

polkcountydocumentservices@yahoo.com

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

For further information concerning this matter, please call:

Len Yanke

Name of Person

at (863)

Area Code

422-2736

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)

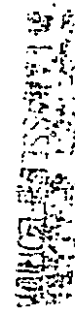
☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration 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 I - Name:

The name of the Limited Liability Company is:

Lorenzo L. McCants Sr. Trucking, LLC

(Must end with 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:

5325 Michael Drive

Winter Haven, Florida 33884

Mailing Address:

5325 Michael Drive

Winter Haven, Florida 33884

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:

Lorenzo Lee McCants Sr.

Name

5325 Michael Drive

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

Winter Haven

City

FL 33884

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 provided for in Chapter 605, F.S..

Lorenzo L McCants Sr

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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M. C. McCANTS SR. TRUCKING, LLC

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:

Lorenzo Lee McCants Sr

5325 Michael Drive

Winter Haven, Florida 33884

Ambr

Cathy McCants

5325 Michael Drive

Winter Haven, Florida 33884

(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.)

ARTICLE VI: Other provisions, if any.

None

REQUIRED SIGNATURE:

Cathy McCants

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Lorenzo Lee McCants Sr

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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TALLAHASSEE, FLORIDA