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T. SCOTT



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AGISTO 15 SECTION 1191.

COVERTELLER
TO: New Filing Section Division of Corporations  SUBJECT: SUBJECT: Name of Limited Liability Company  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:
Taygee Divisor
5790 Bailebridge Nwy.
Ori Oc 32352  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charle Viusoil at (180) 544-10140  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### Mailing Address

1

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

## ARTİCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HINSON & SON TRUCKING, L.L.C.			
(Must contain the words "Limited Li	iability Company, "L.L.C.," or "LLC,")		
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability C	ompan	y is:
Principal Office Address:	Mailing Address:		
5790 BAINBRIDGE HWY	PO BOX-1124		
QUINCY, FLORIDA 32352	QUINCY, FLORIDA 32353		
5790 BAINBRIDGE HWY	Name Same	HOV - 7 AND INC.	ILED
QUINCY	FL 32352		
City	Zip		
liability company at the place designate registered agent and agree to act in this constant statutes relating to the proper and compact accept the obligations of my position at Registered Agent's	and to accept service of process for the above seed in this certificate. I hereby accept the apposition of further agree to comply with the prolete performance of my duties, and I am familias registered agent as provided for in Chapter Signature (REQUIRED)	intmen ovision ar witt	t as s of all h and

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
ULCI K	WAYNE HINSON
	5790 BAINBRIDGE HWY.
	QUINCY, FLORIDA 32352
Wer	TANGEE HINSON
	5790 BAINBRIDGE HWY.
	QUINCY, FLORIDA 32352
	QOINCETET BONDA 32332
W.C.R.	DE'ANDRE HINSON
MUR	5790 BAINBRIDGE HWY.
	QUINCY, FLORIDA 32352
1	
MCQR_	LEEKEA BYRD
<u> </u>	5790 BAINBRDIGE HWY.
	QUINCY, FLORIDA 32352
(Use attachment if necessary)	
LE V: Other provisions, if any.	

Signature of a member dr 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.

TANGEE HINSON

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)