## L19000000885

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
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Certified Copies	_ Certificate	s of Status		
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## **COVER LETTER**

TO:	New Filing Section Division of Corporations		
	LIAM D TRUCK LLC		
SUBJEC	CT:		
	Name of	Limited Liability Company	
The encl	osed Articles of Organization and fee(s	e) are submitted for filing.	
Please re	turn all correspondence concerning this	s matter to the following:	
	YORDY DELGADO PEREZ		
		Name of Person	
	<u> </u>	Firm/Company	
	511 MAYDELL DRIVE		
	· == == = · · · · · · · · · · · · · · ·	Address	<del> </del>
	Tampa FL 33619		
		City/State and Zip Code	
	E-mail address: (to be u	ised for future annual report notificat	tion)
For furthe	r information concerning this matter, pl	ease call:	
	at	( )	
	Name of Person	Area Code Daytime Telephor	ne Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability	Company is:		
Liam	D. Truck	LLC	
(Must conta	in the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal offic	te of the Limited Liability Company is:	
Principa	ıl <u>Office Address</u> :	Mailing Address:	
33619	dr Tampa PC	511 maydell dr tamps FC	
another business entity with an a	cannot serve as its own Rective Florida registration.)	gistered Agent. You must designate an individual or	
The name and the Florida street a	iddress of the registered ag	ent are:	
	Trucking	Permi 15 1 1101E EEC	
	I GF   W	Permits & More LLC  Hame  Hillsborough Av.  P.O. Box NOT acceptable)	
	City	F) 33603 State Zip	
place designated in this certificate, further agree to comply with the pr	gent and to accept service I hereby accept the appoin ovisions of all statutes rela- ligations of my position as	of process for the above stated limited liability company at the tment as registered agent and agree to act in this capacity. I ting to the proper and complete performance of my duties, and registered agent as provided for in Chapter 605, F.S	
	Registere	Agent's Signature (REQUIRED)	

(CONTINUED)

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TALLAHASSEE TATE

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager AMBK	yordy Delgodo Perez		
	511 MAY dely dr TAMPA PC 33619		
<del></del>			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing If an effective date is listed, the date must be specific an he 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'  ARTICLE VI: Other provisions, if any.	's records.		
REOUIRED SIGNATURE:	- of the second second		
Signature of a member of This document is executed in ac	r 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.

YORDY DECEADO PEREZ

Typed or printed name of signce

## 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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