

151688266 19000010666 1763 of 4  
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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
TRUC & TRUC UNLIMITED LLC**

Certificate of Status	1
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1-11-19

Electronic Filing Menu

Corporate Filing Menu

Help

H19000013667 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**TRUC & TRUC UNLIMITED 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:****Mailing Address:**16971 TIMBERLAKES DR  
FORT MYERS, FL 3390816971 TIMBERLAKES DR  
FORT MYERS, FL 33908**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:

TRUC NGUYEN

Name

16971 TIMBERLAKES DRFlorida street address (P.O. Box **NOT** acceptable)FORT MYERSFL 33908

City

Zip

FILED  
19 JAN 11 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

TRUC NGUYEN

(CONTINUED)

H19000013667 3

**ARTICLE IV-**

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

**Title:**  
 "AMBR" = Authorized Member  
 "MGR" = Manager  
**MGMR-MANAGING MEMBER**

**Name and Address:**

TRUC NGUYEN  
 16971 TIMBERLAKES DRIVE  
 FORT MYERS, FL 33908

\_\_\_\_\_  
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(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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUIRED SIGNATURE:**



**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.)

TRUC NGUYEN

Typed or printed name of signee

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 19 JAN 11 AM 8:29  
 DEPARTMENT OF STATE  
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