Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC

Account Number : T20170000039 Phone : (407)301-2659 Fax Number : (407)846-0320

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: brendg. mas @ aol-com

FLORIDA LIMITED LIABILITY CO. SSS TRUCK LLC

Certificate of Status	I
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:
The name of the Limited Liability Company is:
·
SSS TRUCK 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: Mailing Address:
2131 WHITE EAGLE ST
CLERMONT FL 34714
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 Piorida street address of the registered agent are:
DAYTOM BATISTA
Name

2131 WHITE EAGLE ST Florida street address (P.O. Box NOT acceptable)

CLERMONT 34714 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 us 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 t 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)

ä

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" - Manager	
AMBR	<u> DAYTOM</u> ΒΑΤΙ <u>ς</u> ΤΑ
	2131 WHITE EAGLE ST
	CLERMONT FL 34714
	CODMINION 1 12 34714
	•
(Use attachment if necessary)	
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