

W19001933113

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
SORKNESS TRUCKING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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J. FASON
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TALLAHASSEE, FL



June 21, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FAST KIT CORP

SUBJECT: SORKNESS TRUCKING, LLC
REF: W19000058648

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Marti Simmons
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FAX Aud. #: H19000193311
Letter Number: 919A00012562

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

SORKNESS TRUCKING, LLC.

ARTICLE II - ADDRESS:

The physical and mailing address of the Limited Liability Company is:

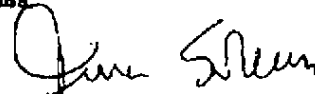
12268 Dove Ridge Drive
Jacksonville, FL 32225

ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:

The name and Florida street address of the registered agent are

Tina Sorkness
12268 Dove Ridge Drive
Jacksonville, FL 32225

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, Florida Statutes.



Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name & Address:</u>
Managing Member	Richard Sorkness 12266 Dove Ridge Drive Jacksonville, FL 32225
Member	Tina Sorkness 12266 Dove Ridge Drive Jacksonville, FL 32225



 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.)

Tina Sorkness

 Typed or printed name of signee