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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070200020
Phone : (813)435-3176
Fax Number : (813)333-6358

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

Email Address:

Howard Roberts 1975@gmail.com

**FLORIDA LIMITED LIABILITY CO.
FIRM LIFE TRUCKING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2019 JUL 20 AM 11:19

19 JUL 30 PM 10:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIRM LIFE TRUCKING 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:24123 PEACHLAND BLVDSUITE C4 148PORT CHARLOTTE FL 33954Mailing Address:24123 PEACHLAND BLVDSUITE C4 148PORT CHARLOTTE FL 33954

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:

HOWARD ROBERTS

Name

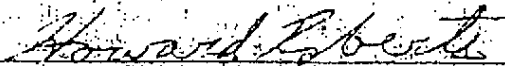
24123 PEACHLAND BLVD, SUITE C4 148Florida street address (P.O. Box **NOT** acceptable)PORT CHARLOTTEFLORIDA33954

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 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)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

HOWARD ROBERTS

24123 PEACHLAND BLVD. SUITE C4.148

PORT CHARLOTTE FL 33954

(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.)

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's records.**ARTICLE VI:** Other provisions, if any.**ANY AND ALL LAWFUL BUSINESS PURPOSE.****REQUIRED SIGNATURE:**

Howard Roberts
Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (4) (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.817.135, F.S.

HOWARD ROBERTS

Typed or printed name of signee

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