

Oct/23/2019 2:18:21 PM

Goodwin Realty Associates 407870742

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC
Account Number : 120170000039
Phone : (407) 301-2659
Fax Number : (407) 846-0320

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OCT 23 11:48

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

Email Address: brenda.mas@aol.com

FLORIDA LIMITED LIABILITY CO.
Lorraine Trucking LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lorraine Trucking LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Muñoz
Name of Person
Lorraine Trucking LLC
Firm/Company
2201 US 41 S
Address
Ruskin FL 33570
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Muñoz at 787 409-0859
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lorraine 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:Mailing Address:2201 US 41 S.Ruskin, FL 33570

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:

David Muñoz

Name

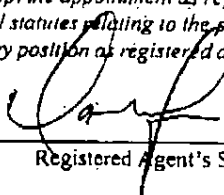
2201 US 41 SFlorida street address (P.O. Box **NOT** acceptable)RuskinFL33570

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)

FILED
2019 OCT 23 AM 8:48
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
HARRIS COUNTY TEXAS

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:**David Muñoz
2201 US 41 S
Ruskin FL 33570

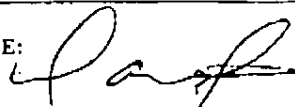
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/23/19, (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.

All Lawfull acts**REQUIRED SIGNATURE:**

Signature of a member or 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.

David Muñoz

Typed or printed name of signee.

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)