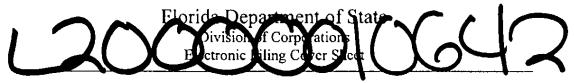
1/15/2020

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

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

dogsmiling@yahoo.com Email Address:

FLORIDA LIMITED LIABILITY CO.

Moonlighting Trucking LLC

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

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Corporate Filing Menu

Help

2020-01-15-15:32 CST +19416251526

ARTICLES OF ORGANIZATION FOR FLOR	IDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	•
Moonlighting Trucking LLC	
(Must conatin the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
The state of the state of the principal cancer.	or the diameter black by company to
Principal Office Address:	Mailing Address:
1587 NE Eastling Ave	1587 NE Eastling Ave
Arcadia, FL 34266	Arcadia, FL 34266
ARTICLE III - Registered Agent, Registered Office, & Re	pistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regi- another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agen	t are:

Gary Smith Name

1587 NE Eastling Ave Florida street address (P.O. Box NOT acceptable)

City 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)

<u> </u>	Name and Address:
MGR" = Manager	
AMBR	Gary Smith
	1587 NE Eastling Ave
	Arcadia, FL 34266
AMBR	Aurale Smith
	1587 NE Eastling Ave
	Arcadia, Fl. 34266
V: Effective date, if other ctive date is listed, the date	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 day
EV: Effective date, if other ctive date is listed, the date f filing.) the date inserted in this block	han the date of filing: (OPTIONAL)
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