## L20000063820

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PICK-UP WAIT MAIL				
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## **COVER LETTER**

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۴	**	TO: New Filing Section Division of Corporations				
		SUBJECT: DAMION'S TRUCKING, LL. Name of	C f Limited Liability Company			
		The enclosed Articles of Organization and fee(s) are submitted for filing.				
		Please return all correspondence concerning th	is matter to the following:			
		DAMION MILL				
			Name of Person			
			Firm/Company			
		1021 SOUTH D ST	REET Address			
		LAKE_WORTH, FL	33460 City/State and Zip Code			
		DAMION MILLERS	080@GMAIL.COM			
			used for future annual report notification)			
	Ī	For further information concerning this matter, p	olease call:			
		DAMION MILLER	1(_561) 932-7351			
		Name of Person	Area Code Daytime Telephone Number			
		Enclosed is a check for the following amount:				
		∑\$125.00 Filing Fee ☐\$130.00 Filing F Certificate of Statu				
		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:			
DAMION'S TRUCK	ING, LLC			
(Must conatir	the words "Limited	Liability Comp	any, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal o	office of the Lin	nited Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
1021 SOUTH D STR	EET		1021 SOUTH D STREET	
another business entity with an act The name and the Florida street ad-	_	d agent are:  .I.ER  Name		
	Florida street addres		OT acceptable)	
	LAKE WORTI	H, FL 33460		
	City	State	Zip	
place designated in this certificate, I further agree to comply with the prov	hereby accept the app visions of all statutes r vations of my position	pointment as reg relating to the pr as registered at	or the above stated limited liability company at the istered agent and agree to act in this capacity. I roper and complete performance of my duties, and I gent as provided for in Chapter 605, F.S	

(CONTINUED)

\* \* \*

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
DAMION MILLER	1021 SOUTH D STREET LAKE WORTH, FL 33460		
NADIA MILLER	1021 SOUTH D STREET HAKEWORTH FL 33460		
If an effective date is listed, the date must be sphe date of filing.)	e of filing:		
ARTICLE VI: Other provisions, if any. N/A			
REOUIRED SIGNATURE: M. M.	lles		
This document is executed an aware that any fals	nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.		
DAMION	MILLER 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)