LZOUDO 886UY

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | Idress) | |
| (Ad | ldress) | |
| (Cir | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Ви | isiness Entity Nan | ne) |
| (Do | ocument Number) | _ |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

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T. SCOTT



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COVER LETTER

| то: | New Filing Section Division of Corporations | | | |
|----------|------------------------------------------------|-----------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| | SB & I Trucking LLC | | | |
| SUBJE. | CCT:Name | of Limited | Liability Company | |
| The end | closed Articles of Organization and fo | ee(s) are sub | mitted for filing. | |
| Please i | return all correspondence concerning | this matter t | o the following: | |
| | Santos Benitez | | | |
| | | N | ime of Person | |
| | SB & I Trucking LLC | | | |
| | | Fi | rm/Company | |
| | 20230 Gladstone Ave | | | |
| | | | Address | |
| | Port Charlotte, FL 33952 | | | |
| | | City/S | tate and Zip Code | |
| | santosb112@gmail.com | ba usad far (| uture annual report notifica | tion |
| | | | | uony |
| or furth | er information concerning this matte | r, picase call | : | |
| | Santos Benitez | 813 _at (| 475-2188) | |
| | Name of Person | | Code Daytime Telepho | |
| Enclos | ed is a check for the following amour | nt: | | |
| | 5.00 Filing Fee \$\Begin{align*} | g Fee & atus | □\$155.00 Filing Fee & Certified Copy Iditional copy is enclosed) | ☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | | Street Address | |
| | New Filing Section Division of Corporations | | New Filing Section Division of Corpora | tions |
| | P.O. Box 6327 | | Clifton Building | |
| | Tallahassee, FL 32314 | | 2661 Executive Cen | ter Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE II - Address: | conatin the words "Limited Liabi | | |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------|
| ARTICLE II - Address: | | ty Company, "L.L.C., C | or "LLC.") |
| | | | |
| he mailing address and str | reet address of the principal office | of the Limited Liability C | Company is: |
| <u>Pri</u> | incipal Office Address: | | Mailing Address: |
| 20230 Gladstone A | Ave | 20230 Gladstone | Ave |
| Port Charlotte, FL. | 33952 | Port Charlotte, FL | 33952 |
| The Limited Liability Com- nother business entity with | d Agent, Registered Office, & Ro ipany cannot serve as its own Regi h an active Florida registration.) street address of the registered agen | aered Agent, You must c | ture: designate an individual or |
| The Limited Liability Commother business entity with | npany cannot serve as its own Reging than active Florida registration.) street address of the registered agents | t are: | ure: designate an individual or |
| The Limited Liability Com mother business entity with | npany cannot serve as its own Registration.) street address of the registered ages Santos BEnitez Na. 20230 Gladstone Ave | t are: | ture: designate an individual or |
| The Limited Liability Comnother business entity with | npany cannot serve as its own Regin han active Florida registration.) street address of the registered agents and Santos Benitez Na | t are: | ure: designate an individual or |
| The Limited Liability Com mother business entity with | npany cannot serve as its own Registration.) street address of the registered ages Santos BEnitez Na. 20230 Gladstone Ave | t are: 1. Box <u>NOT</u> acceptable) | designate an individual or |

(CONTINUED)

| Title: | | Name and Address: |
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| Mich Manager | | Alv |
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| (Have attraches and if an | | |
| (Use attachment if no | | CONTIONAL) |
| CLE V: Effective date, i | f other than the date of | f filing: |
| CLE V: Effective date, i effective date is listed, the of filing.) | f other than the date of he date must be speci | ific and cannot be more than five business days prior to or 90 days a |
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)