L20000100532

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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March 27, 2020

ALEXANDER JAMES CONCEPCION 19606 NW 62ND AVENUE HIALEAH, FL 33015

SUBJECT: AMELIO AND SONS TRUCKING LLC

Ref. Number: W20000033067

The fee to file is \$155.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 520A00006763

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Div	vision of Corporations			
OLD ED OT	Amelio and Sons Trucking LLC			
SUBJECT:		imited Liabilit	y Company	
The enclose	d Articles of Organization and fee(s)	are submitted t	for filing.	
Please return	all correspondence concerning this	matter to the fo	ollowing:	
	Alexander James Concepcion			
-		Name of I	Person	
	Amelio and Sons Trucking LLC			
-		Firm/Cor	npany	
	19606 NW 62nd Avenue			
-		Addre	255	
	HIALEAH, FL. 33015			
a	meliofence@gmail.com	City/State and	d Zip Code	
_	E-mail address: (to be us	sed for future at	nnual report notification)	
For further in	formation concerning this matter, ple	ase call:		
F	Alexander James Concepcion	305	519-9635	
_	Name of Person	·	Daytime Telephone Number	
Enclosed is	a check for the following amount:			
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & \$160.00 Filing Fee, cd Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclose	:d)
	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

Amelio and Sons Truck	king LLC		
(Must end	d with the words "Limited I	Liability Company	, "L.L.C" or "LL.C.")
CLE II - Address:			
nailing address and street	address of the principal off	fice of the Limited	Liability Company is:
Princi	pal Office Address:		Mailing Address:
		1000	S NW 62nd Avenue
19606 NW 62nd Aveni	Je	19000	71177 QEMENTONAS
Limited Liability Compar	gent, Registered Office, &	HIALE & Registered Ager Registered Agent. \(\)	EAH, FL. 33015
HIALEAH, FL. 33015 ICLE III - Registered A Limited Liability Comparer business entity with ar	gent, Registered Office, & ny cannot serve as its own I nactive Florida registration at address of the registered	HIALE & Registered Agert Registered Agent. \(\) agent are:	EAH, FL. 33015
HIALEAH, FL. 33015 ICLE III - Registered A Limited Liability Comparer business entity with ar	gent, Registered Office, & ny cannot serve as its own F n active Florida registration	HIALE & Registered Agert Registered Agent. \(\) agent are:	EAH, FL. 33015
HIALEAH, FL. 33015 ICLE III - Registered A Limited Liability Comparer business entity with ar	gent, Registered Office, & ny cannot serve as its own I nactive Florida registration at address of the registered	HIALE & Registered Ager Registered Agent. V agent are:	EAH, FL. 33015
HIALEAH, FL. 33015 ICLE III - Registered A Limited Liability Comparer business entity with ar	gent, Registered Office, & by cannot serve as its own Finactive Florida registration address of the registered and Alexander James Concep	Registered Ager Registered Agent. V agent are:	EAH, FL. 33015 It's Signature: You must designate an individu
HIALEAH, FL. 33015 ICLE III - Registered A Limited Liability Comparer business entity with ar	gent, Registered Office, & by cannot serve as its own Finactive Florida registration address of the registered Alexander James Conception 19606 NW 62nd Avenue	Registered Ager Registered Agent. V agent are:	EAH, FL. 33015 It's Signature: You must designate an individu

ne I_1 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)

Page 1 of 2

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Alexander James Concepcion
AMBR	19606 NW 62nd Avenue
	HIALEAH, FL. 33015
	41147-496
Use attachment if necessary) V: Effective date, if other than the date	e of filing: (OPTIONAL)
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	secific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be
V: Effective date, if other than the date etive date is listed, the date must be sporting.) he date inserted in this block does not item's effective date on the Department CVI: Other provisions, if any.	secific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be
V: Effective date, if other than the date extive date is listed, the date must be sporting.) he date inserted in this block does not ent's effective date on the Department of the Country of the provisions. If any.	secific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be
V: Effective date, if other than the date entire date is listed, the date must be sprifiling.) he date inserted in this block does not cent's effective date on the Department VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a man This document is executed am aware that any false.	pecific and cannot be more than five business days prior to or 90 comeet the applicable statutory filing requirements, this date will not be
CV: Effective date, if other than the date etive date is listed, the date must be spriling.) he date inserted in this block does not ment's effective date on the Department CVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a man This document is executed am aware that any false.	meet the applicable statutory filing requirements, this date will not be of State's records. ember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.

Page 2 of 2

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