L20000252195

(Requestor's Name)
(Address)
(Address)
(· · · · · · · · · · · · · · · · · · ·
(0) (0) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octimed dopies Octimented or States
Special Instructions to Filing Officer.

Office Use Only

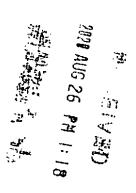


900350536459

88/26/20--01021--004 ++160.00

SECRETARY OF STATE TALLAHASSEE, FL

2020 AUG 26 PH 1: 47



N CHILIF M
AUG n (CTC)

	● ∄ Z COV	ER LETTER	
TO: * New Filing Section Division of Corpo			
subject: _\ady	Name of Limi	CK (CA) LC (deed Liability Company	
The enclosed Articles of Or	ganization and fee(s) are	submitted for filing.	
Please return all correspond	ence concerning this mat	ter to the following:	
	Frica	Name of Person	
	indy	1 Trucking Firm/Company	LLC
	313	S. Blair AVE	
	Pene	1 L 3234 7	
}_		ly/State and Zip Code	
-bicall		(VD + CVO) For future annual report notification	on)
For further information conce	erning this matter, please	calt:	
Kical Name o	EVan 5 at (8)	50 <u>348 - 455</u> ea Code Daytime Telephone	
Enclosed is a check for the	following amount:		
	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2020 AUG 26 PM 1: 47 ARTICLE I - Name: SECRETARY OF STATE The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
213 Blair Are	Bank as Princial
Pain, 72 31317	

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:

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.,

's Signature (REQUIRED)

(CONTINUED)

A	R	Ţ.	IC:	LE.	IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MCIR + AMBR	Rica J. Evans 213 3. Bair Ave Perry, FL 32347	
Amer	Paris Plais The	202
		2020 AUG 26 P SECRETARY O
(Use altachment if necessary)		PH 1:47 OF STATE SEE, F
(If an effective date is listed, the date must be s the date of filing.)	te of filing: pecific and cannot be more than five business days pr meet the applicable statutory filing requirements, this can of State's records.	ior to or 90 days after
ARTICLE VI: Other provisions, if any,		·
This document is exec I am aware that any fali	nember or an authorized representative of a member uted in accordance with section 605.0203 (1) (b). Florid se information submitted in a document to the Department to the Department of the De	la Statutae
k	Tica S. Fvan 5 Typed or printed flame 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)