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# COVER LETTER

T.O: , New Filing Section Division of Corporations	
SUBJECT: OCAIA TRAiler Real Name of Limited Liah	TAL ELEASING LLC  Dility Company
The enclosed Articles of Organization and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to th	e following:
JASON B Name	utcher of Person
	RTATION S.ERVICE
2115 NW 354	5/-
QCAIN F	34475
Dutcher trucking (D)  E-mail address: (to be used for future)	and Zip Code  EMBARAMAI COM  c annual report notification)
For further information concerning this matter, please call:	
LAURA BUITC Mary 352  Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
	155.00 Filing Fee & ☐\$160.00 Filing Fee, ified Copy 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

ART	ICL	.E I -	Name:
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The name of the Limited Liability Company is:

OCALA TRAILER RENTAL & LEASING LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2115 NW 35th ST	Same
OCALA FI 34475	

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:

TASON Butcher

3313 SE/48th P1.
Florida street address (P.O. Box NOT acceptable)

Summerfield Fl 34475

City State 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)

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## ARTICLE IV-

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

AMBR" = Authorized Member MGR" = Manager  MGR" = Manager	
•	
MCP-	G III
	JASON Butcher
	2379 SE 148 CA PI
	SUMPREMENT PT 3449
AMBE	1000 M Butaling To
	William H- Butcher JR
	Jummer Field F1 34491
AMBR	
AMBR	LAURA DWicher
	5939 JE145 th Sr.
	SUMMERFICIE FI 34491
Jse attachment if necessary)	
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