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Certified Copies	Certificates of	Status
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Special Instructions t	o Filing Officer:	
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COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT:	ZTW Haul	ing & Transport	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Zachary	Thomas Weathers Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2231 brul	Address	
	Jacksonville, Z. Weathers	F/, 32209 ity/State and Zip Code 92001, 1000 for future annual report notificati	
	oncerning this matter, please		1011)
Zachar	Weathers at (<	7561) 951-4201 Pea Code Daytime Telephon	e Number
Enclosed is a check for t	he following amount:		
□\$125,00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Maili	aa Addross	Ctennt Addense	

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

ARTICLE	ı	-	Name:		

The name of the Limited Liability Company is:

7TW Hauling & Transport 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:
2234 prepard St	2234 orchard St
Juiksonville, i-1	Jacksonville, Fl
73309	72269
	·· · · · · · · · · · · · · · · · · · ·

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:

Zeichary Thomas Weathers

Name

2234 orchard St

Florida street address (P.O. Box NOT acceptable)

Tacksonville Fl 32209

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

The name and address of each person	authorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	JAMMYRE BRENETT
(Use attachment if necessary) ARTICLE V: Effective date, if other than the data effective date is listed, the date must be the date of filing.)	ne of filing:
Note: If the date inserted in this block does no the document's effective date on the Departme	a meet the applicable statutory filing requirements, this date will not be listed as int of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	yee Barnett
This document is exec I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, like information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
<u> Jarr</u>	Typed or printed name of signce

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)