

L21000285208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

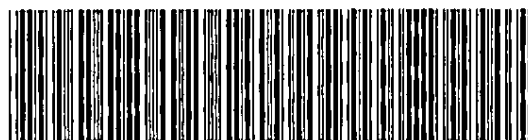
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W21000062918 Name NA

Office Use Only



800363051288

04/01/21--01019--005 \*\*130.00

FILED  
2021 MAR 27 PM 9:40

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Garrison & Garrison Trucking LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Garrison Corbin  
Name of Person

Garrison & Garrison Trucking LLC  
Firm/Company

409 Orange St  
Address

Wildwood, FL 34785  
City/State and Zip Code

garrison.corbin@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garrison Corbin at ( 352 ) 461-4115  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Garrison & Garrison Trucking 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:

Garrison Corbin  
409 Orange St  
Wildwood, FL 34285

Mailing Address:

Garrison Corbin  
409 Orange St  
Wildwood, FL 34285

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:

Garrison Corbin

Name

409 Orange St

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

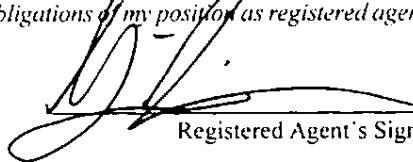
Wildwood FL 34285

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)

2014-07-27 AM 9:40

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Garrison Corbin

409 Orange St  
Wildwood, FL 34785

(Use attachment if necessary)

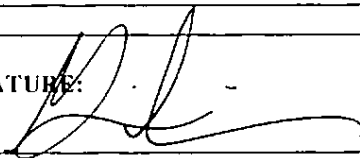
**ARTICLE V:** Effective date, if other than the date of filing: 5-24-21 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Garrison Corbin

Typed or printed name 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)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2021

GARRION CORBIN  
409 ORNAGE ST  
WILDWOOD, FL 34785

SUBJECT: G & G TRUCKING LLC  
Ref. Number: W21000062918

We have received your document for G & G TRUCKING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

James G Harris  
Regulatory Specialist II

Letter Number: 621A00009608

2021 MAY 27 PM 1:33  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA