

L21 000297562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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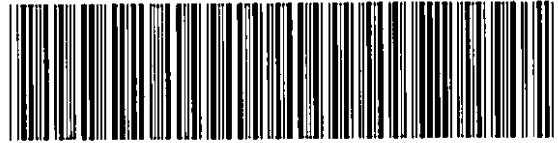
(Business Entity Name)

(Document Number)

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2021 JUN 25 AM 11:50
2021 JUN 25 PM 2:53
CLERK OF STATE
TOLSON, MISSOURI

Handwritten signature

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 879885 4312919

AUTHORIZATION :

COST LIMIT : \$155.00

ORDER DATE : June 24, 2021

ORDER TIME : 9:13 AM

ORDER NO. : 879885-010

CUSTOMER NO: 4312919

DOMESTIC FILING

NAME: TRANSPORTATION HAULING
COMPANY, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

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**ARTICLES OF ORGANIZATION
OF
TRANSPORTATION HAULING COMPANY, LLC**

ARTICLE I - Name:

The name of the limited liability company is **TRANSPORTATION HAULING COMPANY, LLC** (the "Company").

ARTICLE II - Address:

The mailing address and street address of the Company is 3494 Martin Hurst Road, Tallahassee, FL 32312.

ARTICLE III – Existence and Duration:

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

ARTICLE IV - Management:

The Company is a manager-managed limited liability company. The name and Florida street address of the initial manager of the Company is:


**Eric Powers
3494 Martin Hurst Road
Tallahassee, FL 32312**

ARTICLE V – Registered Agent

The name and Florida street address of the initial registered agent of the Company is:


**Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301**

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, Florida Statutes.



_____, Registered Agent

REQUIRED SIGNATURE:

DocuSigned by:

0512E18E06924CA
Eric Powers
Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, Florida Statutes.)

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TALLAHASSEE, FLORIDA