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| (Re | questor's Name) | | |
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| (Cit | y/State/Zip/Phone #) | | |
| PICK-UP | WAIT | MAIL | |
| (Bu | siness Entity Name) | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates of | Status | |
| Special Instructions to Filing Officer: | | | |
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COVER LETTER

| Division of Cor | porations | | |
|----------------------------|--|--|---|
| SUBJECT: | Zanders Name of Lim | Trucking ited Liability Company | |
| The enclosed Articles of | Oi [†] ganization and fee(s) are | submitted for filing. | |
| Please return all correspo | indence concerning this ma | tter to the following: | |
| | eltonie à | Name of Person | |
| | Zanders | Firm/Company | 5 |
| 12.3 | 38 Canal | Address | |
| Quiv | tonie Zande | 32351 ity/State and Zip Code o a g Mail a C for future annual report notificati | OM. |
| For further information co | ncerning this matter, please | call: | |
| | e of Person Ar | rea Code Daytime Telephon | 965 e Number |
| Enclosed is a check for t | he following amount: | | |
| □S125.00 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

TO:

New Filing Section

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 - Nan |
|-----------------|
|-----------------|

The name of the Limited Liability Company is:

T, Zanders Trucking LLC." 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: |
|---------------------------|----------------------|
| 1238 Canal St Winey | 1235 Canal St Quincy |
| ' | |

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:

Peltonie Zanders

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

Quincy F1 32351
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 pessition as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

ARTICLE V: 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: (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: 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 SIGNATURES

Signature of a member of 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.

re Zanders
Typed or printed name of signee

Filing Fees:

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

tonie

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)