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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : **I200000000019**Phone : (305)552-5973
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA LIMITED LIABILITY CO. L. FAMILY TRUCKING LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Name:
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The name of the Limited Liability Company is:

L. Family Trucking LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	Liability
1081 NW 18th Street	3 × 5
Homestead, Fl 3,30.30	55 DEL
	3 0
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	Pil 12: 36
Lamontez Savon Anderson 1081 NW 18th Street	
Homestead F1 33030	,
ARTICLE IV The name and title of each person authorized to manage and control the Lim Liability Company: (MGR or AMBR)	ited
Lamontez Savon Anderson (AMBR	-)

Required Signatures:



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 s.817.155, F.S.

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stateds limited liability company at the place designated in this certificate, I hereby accept the pappointment 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)