L22000022258

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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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WELLOW OF THE PROBLEM

2022 JAN 21 PH 3: 02

2022 JAN 21 PM 3: 13
SECRETARY OF STATE
TALLIAHASSEE, FL

COVER LETTER

Division of Corporations	
SUBJECT: GOLDWITE Family	trucking LLC
	ited Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	iter to the following:
Dexter Brid	an Goldwire
	Name of Person
	Firm/Company
5a7 Shelferst	Ouncy fl 3235/
Dex toy gold	1 K 1 3335 ty/State and Zip Code Nive @ gmail . Com for future annual report notification)
For further information concerning this matter, please	·
Dexter goldwire an E	.
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE
TALLAHASSEE, FL

· Goldwice Family 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:

Suth Shelfer St

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:

Dexter Goldwire

Warida street address (P.O. Ros NOT accentable

Florida street address (P.O. Box SOI acceptable)

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)

<u>Title:</u>	Name and Address:
"AMBR" = Authori "MGR" = Manager	zed Member
MGR = Wanager	Dexter B Coldwire Jr_
1010	
	527 South Shelter St Chinghly
ÁMBR	La Pricka Zenters 1560 Order St
	Talkhesee Flu
	SECRETIA FALLA 44
	>= 2
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	Y OF
(1)	
(Use attachment if r	ecessary)
ARTICLE V: Effective date,	if other than the date of filing:
If an effective date is listed, he date of filing.)	the date must be specific and cannot be more than five business days prior to or 90 days after
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	e on the Department of State's records.
ARTICLE VI: Other provision	ons, if any.
oeamben eigs	ATHRE.
<u>REQUIRED</u> SIGN	ATURE:
	Signature of a member or an authorized representative of a member.
	s document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
T an con	aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in \$217.155, F.S.
	Dexter Coldwire In
	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)