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(Requestor's Name)		
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<i>(</i>		
(Cil	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRLIARY OF STATE TALL AHASSEE FLOOR

D. O'KEEFE MAY 2 3 2022

COVER LETTER

	New Filing Sect Division of Corp					
	Hess Trucki	ng, LI.C				
SUBJEC	:T:	Name	of Limited Liabi	lity Company		
The enclo	nsed Articles of C	Organization and fe	e(s) are submitte	d for filing.		
Please ret	tuin all correspoi	ndence concerning	this matter to the	following:		
	Peter Hess					
		·	Name o	f Person		
			Firm/C	ombanλ		******
	15573 SW 15	1st Terrace				
			Add	ress		
	Brooker, Flor	ida 32622				
			City/State a	nd Zip Code		
	roadie2000@g	mail.com	····			<u>}</u>
	E	-mail address: (to b	e used for future	annual report notificati	on)	SECRE !
For further	information con	cerning this matter	, please call:			FR Z
	Peter Hess		630 at (235-8101		A SHE
	Name	of Person	Area Code	·		76 / 75 STA 75 CO
Enclosed	is a check for th	e following amoun	t:			: 22 RID:
□\$125.0	00 Filing Fec	■\$130.00 Fiting Certificate of Sta	tus - Certi	55.00 Fiting Fee & fied Copy and copy is enclosed)	El\$150,00 F Certificate o Certified Co (additional cop	ť Status & py
	New Fil	Address ing Section n of Corporations ix 6327		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	issec	

Tallahassec, FL 32314

Tallahassec, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	oility Company is:			
Hess Trucking, Ll	LC			
(Must e	ontain the words "Limited	Liability Company, '	'L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal c	office of the Limited	Liability Company is:	
Principal Ottice Address:			Mailing Address:	
15573 SW 151st 1	l'emace	1557	573 SW 151st Terrace	
Brooker, Florida 32622		Broo	rooker, Florida 32622	
The Limited Liability Compinother business entity with a The name and the Florida stru	un active Florida registratio	on.)	ou must designate an individual or	
	Laura Hess	·		
		Name		
	15573 SW 151st Ter	race		
	Florida street addres	is (P.O. Box <u>NOT</u> ac	eceptable)	
	Brooker	Florida	32622	
	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)

SECRETARY OF STATE

TILTU

ARTICI	Æ	IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Peter Hess
	15573 SW 151st Terrace
	Brooker, Florida, 32622
MGR	Laura Hess
14010	15573 SW 151st Terrace
	Brooker, Florida 32622
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(Use attachment if necessary)	SIATE
(Ose attachment it necessary)	98 ×
CICLE V. CCCmddut. Conddum.thdam.ed	filing: (OPTIONAL)
n effective date is listed, the date must be speci- late of filing.)	fic and cannot be more than five business days prior to or 90 days af et the applicable statutory filing requirements, this date will not be liste
TCLE VI: Other provisions, if any.	State & Coords.
Pinty	<i>f</i>
This document is executed I am aware that any false in	ber or an authorized representative of a member. Lin accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State
	elony as provided for in s.817.155, F.S.
Peter Hess	
	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)