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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entry Name)

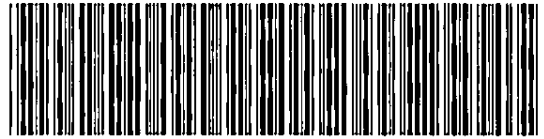
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 OCT 11 PM 3:56  
2022 OCT 11 PM 2:20

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** BURNIS BOX TRUCKING, L.L.C.  
\_\_\_\_\_

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Demons Burnis  
\_\_\_\_\_

Name of Person

BURNIS BOX TRUCKING, L.L.C.  
\_\_\_\_\_

Firm/Company

189 Washington Ave. Street  
\_\_\_\_\_

Address

Havana, FL 32333  
\_\_\_\_\_

City/State and Zip Code

demonsburnis@gmail.com  
\_\_\_\_\_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Demons Burnis  
\_\_\_\_\_

at ( 850 ) 519-8063

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 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**

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 - Name:

The name of the Limited Liability Company is:

BURNIS BOX TRUCKING, L.L.C.

(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:

Mailing Address:

189 Washington Ave, Street, Havana, FL 32333

SAME

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:

Demons Burnis

Name

189 Washington Ave, Street

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

Havana

FL

32333

City

State

Zip

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*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..*

Demons Burnis

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Demons Burnis  
189 Washington Ave. Street  
Havana, FL 32333

AMBR

Sherryne A Burnis  
541-3 Main St.  
Havana FL 32333

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than 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.)

**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 on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

Any and all lawful business

**REQUIRED SIGNATURE:**

Demons Burnis

Signature of a member or 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.

Demons Burnis

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)