(22000)53\$2A6

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
ਦੂਰ Copies	_ Certificates	of Status
cial Instructions to	Filing Officer:	

Office Use Only



900398329119

2827 DE 27 P.1 2: 57

٤-

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: POOD Rent Eliability Company 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:
Mame of Person
Road Runner Elite Trucking, LLC
939 Barbara Ln
City/State and Zip Code Den 18 10 290 @ gmil. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dennis Junit 18 (32) 458-0789 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐S125.00 Filing Fee

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:	
(Must contain the words "Limited Liability Company. "L.L.C.," or "L.LC.")	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:
same >	939 Karmara La
	DANHAM II 22055
	This is a second of the second

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 agencare:

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

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 wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I amiliar 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)

2022 DEC. CO. Pro Co. S.

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	DENNIS JONHES	
MGR	939 Parbara LA, Rock	<u>Itdge</u>
AMBR	nikla Danits 939 Partoua Un, Ro	- Oxitch
		_ 33 =
		_ _ _
(Use attachment if necessary)		
he date of filing.) Note: If the date inserted in this block does n he document's effective date on the Departm ARTICLE VI: Other provisions, if any.	ot meet the applicable statutory filing requirements, this date will tent of State's records.	ot be listed as
REQUIRED SIGNATURE:	DE DESTINA	_
This document is excluded a manuary that any t	member or an authorized representative of a member, seuted in accordance with section 605.0203 (1) (b), Florida Statute also information submitted in a document to the Department of Statutes (gree felony as provided for in s.817.155, F.S.	
Der	Typed or printed name of signee	2022 DI
\$125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optional \$ 5.00 Certificate of Status (Optional		Di
5 5.00 Certificate of Status (Opt	101141)	