L230000046972

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entry Meine)	
	_
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	

Office Use Only



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DIRECTOR'S OFFICE

ORPORATIONS

OFFICE

STIVED SE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Rush Tracking ULC Name of Limited Liability Company
Name of Elithied Glabinty Company
The enclosed Articles of Organization and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Kourtney Cond Name of Person
Name of Person
Rush Trycking UC
PrineCompany
467 NW Like (ity Ave
, radicess
Cake City FC 32655 City/State and Zip Code Kortny (bula yaha) com
City/State and Zip Code
Lowthey (buld ysha) com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section Division

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
Rush Tru	cking UL
(Must contain the words "Limited Liability Co	ompany, 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:
461 New Lake (its AVE	Cake (its Fle 32055
ADTICI Fill Danietarud Agant Dagistarad Office & Dagista	end Agant's Signaturas

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:

Howtony (1864)

How Name

46) NW Lake City AVE

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

Like City K 32055

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 turther 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..

Registers Agent's Signature (REQUIRED)

(CONTINUED)

2023 F.C. -! FIGUE 51

ARTICLE 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		
AMBR	Walia Due	
, 	U67 West lake City Alle Lake C-	4 FC 3
10.00		·
MGK	Lourtney (local	
	46) AND Lake City Alto Lake	と(法(
(Use attachment if necessary)		
the document's effective date on the Departn ARTICLE VI: Other provisions, if any.	ment of State's records.	
DECULIDED CLONESTED C		
REQUIRED SIGNATURE:	4 01 0	
Signature of	a member or an authorized representative of a member.	
This document is ex I am aware that any	recuted in accordance with section 605.0203 (1) (b), Florida Statutes, talse information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.	
<u></u>	ourtner (loud	20:
	Typed or printed name of signee	20 23 F E o
	Filing Fees:	
\$125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Option:	f Organization and Designation of Registered Agent	
S 5.00 Certificate of Status (Op		<u>I</u> :
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