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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

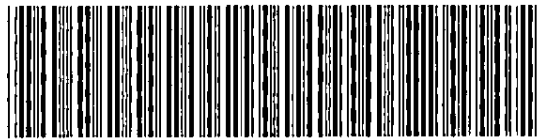
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# CERTIFICATE OF EQUITY OWNERSHIP

## Trade and Trucking Solutions LLC T&T Solutions (DBA)

A Florida Limited Liability Company

Equity: 100%

Member: **Khaleed Omar Calvin Hodge**

This certifies that **Khaleed Omar Calvin Hodge** having the address of 2598 E Sunrise Blvd, Suite #2104 Fort Lauderdale, FL 33301, United States is the record holder of 100% equity shares of **Trade and Trucking Solutions LLC**, transferable only in person or by duly authorized attorney, upon surrender of this certificate properly endorsed or assigned.

This certificate and the equity shares represented hereby are issued and shall be held subject to all the provisions of the Operating Agreement of the Limited Liability Company and any amendments thereto.

A statement of all of the powers, designations, preferences and relative, participating, optional or other special rights of equity shares or series thereof and the qualifications, limitations or restrictions of such preferences and/or rights may be obtained, upon request and without charge, at the principal office of the corporation having the address of 2598 E Sunrise Blvd, Suite #2104 Fort Lauderdale, FL 33301, United States.

WITNESS the signatures of its duly authorized officers this 23<sup>rd</sup> day of January 2022.

**Executive's Signature:**

x Khaleed Hodge

Name: Khaleed Hodge

Trade and Trucking Solutions LLC  
T&T Solutions (DBA)

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**COVER LETTER**

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

**SUBJECT:** Trade and Trucking Solutions LLC

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:

Khaleed Omar Calvin Hodge

Name of Person

Trade and Trucking Solutions LLC

Firm/Company

2598 E Sunrise Blvd. Suite #2104

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

khaleedhodge4@gmail.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Khaleed Omar Calvin Hodge at ( 754 ) 544-0669

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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Khaleed Omar Calvin Hodge

2598 E Sunrise Blvd, Suite #2104

Fort Lauderdale, FL 33301

MGR

Alecia Hennis

2598 E Sunrise Blvd, Suite #2104

Fort Lauderdale, FL 33301

(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.

**REQUIRED SIGNATURE:**

x Khaleed Hodge

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.

Khaleed Omar Calvin Hodge

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)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trade and Trucking Solutions 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:

2598 E Sunrise Blvd, Suite #2104  
Fort Lauderdale, FL 33301

Mailing Address:

2598 E Sunrise Blvd, Suite #2104  
Fort Lauderdale, FL 33301

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:

Khaled Omar Calvin Hodge

Name

2598 E Sunrise Blvd, Suite #2104

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

Fort Lauderdale

FL

33301

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.*

x Khaled Hodge

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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