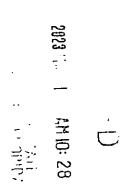
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COVER LETTER

Marty's Tru	ick & Ladder L	LC			
T:					
	N	ame of Lim	ited Liabili	ty Company	
sed Articles of	Organization ar	nd fee(s) are	submitted	for filing.	
urn all correspo	ondence concern	ing this ma	tter to the f	ollowing:	
Marty Bolds					
			Name of	Person	
Marty's True	k & Ladder				
			Firm/Co	npany	
167 Van Gua	ırd Circle				
-			Addro	255	
Cocoa, FL 3	2926				
Mbolds321@	aol.com	Ci	ity/State and	d Zip Code	
I	E-mail address:	(to be used	for future a	nnual report notificati	on)
information co	ncerning this ma	tter, please	call:		
Marty Bolds		32	1	427-8382	
Nam	e of Person				
is a check for th	ne following am	ount:	/		
0 Filing Fee			Certific	ed Copy	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
i	Marty Bolds Marty's True 167 Van Gua Cocoa, FL 3 Mbolds321@ Information co Marty Bolds Nam is a check for the	sed Articles of Organization ar urn all correspondence concern Marty Bolds Marty's Truck & Ladder 167 Van Guard Circle Cocoa, FL 32926 Mbolds321@aol.com E-mail address: information concerning this ma Marty Bolds Name of Person is a check for the following am 0 Filing Fee □\$130.00 Fi	sed Articles of Organization and fee(s) are urn all correspondence concerning this ma Marty Bolds Marty's Truck & Ladder 167 Van Guard Circle Cocoa, FL 32926 Mbolds321@aol.com E-mail address: (to be used information concerning this matter, please Marty Bolds 32 at (Sed Articles of Organization and fee(s) are submitted arn all correspondence concerning this matter to the fee Marty Bolds Name of Marty's Truck & Ladder Firm/Con 167 Van Guard Circle Addre Cocoa, Fl. 32926 City/State and Mbolds321@aol.com E-mail address: (to be used for future a information concerning this matter, please call: Marty Bolds 321 at (Name of Person Area Code is a check for the following amount: 0 Filing Fee □\$130.00 Filing Fee & Certificate of Status Certificate of Status	Sed Articles of Organization and fee(s) are submitted for filing. Jurn all correspondence concerning this matter to the following: Marty Bolds Name of Person Marty's Truck & Ladder Firm/Company 167 Van Guard Circle Address Cocoa, FL 32926 City/State and Zip Code Mbolds321@aol.com E-mail address: (to be used for future annual report notification information concerning this matter, please call: Marty Bolds 321 427-8382 at (

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

(Must com			<u> </u>
	tain the words "Limited Lia	ability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and street a	ddress of the principal offic	ce of the Limited	Liability Company is:
<u>Princip</u>	oal Office Address:		Mailing Address:
167 Van Guard Circle		167 Van Guard Circle	
Cocoa, FL 32926		Cocoa, FL 32926	
he Limited Liability Company other business entity with an	y cannot serve as its own Reactive Florida registration.)	egistered Agent. ')	nt's Signature: You must designate an individu
RTICLE III - Registered Ag The Limited Liability Company nother business entity with an the name and the Florida street	y cannot serve as its own Re active Florida registration.) address of the registered as	egistered Agent. ')	
The Limited Liability Company nother business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered as Samantha J. Bolds	egistered Agent. ')	
The Limited Liability Company nother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered as Samantha J. Bolds	egistered Agent. ') gent are: Name	
The Limited Liability Company nother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered as Samantha J. Bolds N 167 Van Guard Circle Uni	egistered Agent. ') gent are: Name	You must designate an individu
The Limited Liability Company nother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered as Samantha J. Bolds 167 Van Guard Circle Uni Florida street address (1	egistered Agent. \(\) gent are: \[\text{Name} \] it B P.O. Box \(\text{NOT} \) ac	You must designate an individu
The Limited Liability Company nother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered as Samantha J. Bolds N 167 Van Guard Circle Uni	egistered Agent. ') gent are: Name	You must designate an individu

the ind l further agree to comply with the provisions of all statutes relating to the proper and complete performance of my all 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)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager AMBR	Marty Bolds
•	Marty Bulds
AMBR	Marts Rolds
	167 Van Guard Circle
	Cocoa, FL 32926
	
n effective date is listed, the date must be spe date of filing.)	of filing:
FICLE V: Effective date, if other than the date on effective date is listed, the date must be spedate of filing.) e: If the date inserted in this block does not make document's effective date on the Department of	cific and cannot be more than five business days prior to or 90 days at eet the applicable statutory filing requirements, this date will not be liste
TICLE V: Effective date, if other than the date on effective date is listed, the date must be spellate of filing.) E: If the date inserted in this block does not make the date inserted on the Department of	cific and cannot be more than five business days prior to or 90 days at eet the applicable statutory filing requirements, this date will not be liste
TICLE V: Effective date, if other than the date on effective date is listed, the date must be spedate of filing.) e: If the date inserted in this block does not make document's effective date on the Department of	cific and cannot be more than five business days prior to or 90 days at eet the applicable statutory filing requirements, this date will not be liste
ricle V: Effective date, if other than the date on effective date is listed, the date must be speciate of filing.) e: If the date inserted in this block does not medocument's effective date on the Department of CICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a medocument of the date of the dat	cific and cannot be more than five business days prior to or 90 days at eet the applicable statutory filing requirements, this date will not be lister of State's records.
FICLE V: Effective date, if other than the date on effective date is listed, the date must be specified of filing.) e: If the date inserted in this block does not medocument's effective date on the Department of TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a median aware that any false	cific and cannot be more than five business days prior to or 90 days at eet the applicable statutory filing requirements, this date will not be lister of State's records.
FICLE V: Effective date, if other than the date on effective date is listed, the date must be spedate of filing.) ie: If the date inserted in this block does not madocument's effective date on the Department of TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menute of the document is executed a magnetic date of the	eet the applicable statutory filing requirements, this date will not be liste of State's records. Therefore an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)