L23000250498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100409244321

2023 MAY 23 AM 9:06

TALLAHASSEE, FLORIDA

2023 MAY 23 AM 9:08

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: D & G HAULERS 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:

VANESSA TORRES
Name of Person

ALL AMERICAN PERMITS LLC
Firm/Company

6801 NW 77TH AVE SUITE 103
Address

MIAMI FL 33166
City/State and Zip Code

info@allamericanpermits.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA TORRES at (305) 501-4791
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:

D & G HAULERS LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "L.L.C.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
2511 NW 165TH TER	2511 NW 165TH TER
MIAMI GARDENS FL 33054	MIAMI GARDENS FL 33054

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:

VERNON DELANCEY
Name

2511 NW 165TH TER
Florida street address (P.O. Box NOT acceptable)

MIAMI GARDENS	FL	33054
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..

Vernon Delancey
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:	Name and Address:
"AMBR" Authorized Member "MGR" Manager	
AMBR	VERNON DELANCEY 2511 NW 165TH TER MIAMI GARDENS FL 33054
AMBR	MAXIE GRAHAM 2511 NW 165TH TER MIAMI GARDENS FL 33054

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/17/2023 (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:

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.

MAXIE GRAHAM
Typed or printed name of signee

FILED
2023 MAY 23 AM 9:06
TALLAHASSEE, FLORIDA

Filing Fees:
$125.00 Filing Fee for Article s of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)