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Florida Department of State
Division of Corporations
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To: Division of Corporations
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REGISTRATION
DIVISION OF CORPORATIONS
STATE OF FLORIDA

FLORIDA LIMITED LIABILITY CO.
Big Dog Trucking LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

STATEMENT OF CHARGE
CALL AHASSEE FLOOR

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Big Dog Trucking LLC

(Must end with 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:

Mailing Address:

424 E. Central Blvd #704
Orlando, FL 32801

424 E. Central Blvd #704
Orlando, FL 32801

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:

David Walker
Name
424 E. Central Blvd #704
Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 32801
City Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

David walker

David Walker - An individual with a Florida registration

Registered Agent's Signature (REQUIRED)

David Walker

(CONTINUED)

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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:

Jodeci Snow

424 E. Central Blvd #704

Orlando, FL 32801

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Jodeci snow
AUG 15 2023 4:04 PM EST

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jodeci Snow

Typed or printed name of signee