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(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Fueling Freedom Logistics, L		
Name of Lim	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Vernon Duncan		
	Name of Person	
	Firm/Company	
0790 Channilla Mark Band		
9789 Shangri La West Road	Address	
	, 1 23 , 130,	
Milton, Florida 32583		
	ty/State and Zip Code	
vduncan11@gmail.com E-mail address: (vduncan11	(Mamail ann)	
·		
For further information concerning this matter, please	call: 702-823-8312	
Vernon Duncan at (702 , 823-8312	
	ea Code Daytime Telephone	e 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)	US160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) vision ssee et. Suite 810
Mailing Address	Street Address	
New Filing Section	New Filing Section Di	vision
Division of Corporations	The Centre of Tallaha	ssee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Stree Tallahassee, FL 32303	et, Suite 810

COVER LETTER

TO:	New Filing Sec Division of Co					
SUBJE	ECT: Fueling	Freedom Logistics, L Name of Lim		ity Company		
		Organization and fee(s) are		_		
Please	return all correspo	ondence concerning this ma	tter to the	following:		
	Vernon D	uncan				
			Name of	Person		· · ·
			Firm/Co	mpany		
	0790 05-	angri La West Road				
	9709 3118	ingii La vvest Roau	Addı	ess		
	Milton, FI	orida 32583	tu/Stata a=	d Zin Codo		
	vduncan1	1@gmail.com	ity/State ar	d Zip Code		
		E-mail address: (vduncan i l	@gmail.co	om)		
For furth	ner information co	ncerning this matter, please	call: 702-	823-8312		
		7,				
	Vernon D	uncanat (702	823-8312		
	Nam	ne of Person Ai	rea Code	Daytime Telephon	e Number	
Enclos	ed is a check for t	he following amount:				
		_				
⊔\$12:	5.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Certificate Certified C	Filing Fee, of Status & Copy opp is enclosed)
		2 Address		Street Address		024
		iling Section on of Corporations		New Filing Section Di The Centre of Tallaha		
	P.O. B	lox 6327		2415 N. Monroe Stree	et, Suite 810	
	Tallah	assee, FL 32314		Tallahassee, FL 3230		: _

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Fueling Freedom, LLC	:	
(Must cor	natin the words "Limited Liab	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Address:		
he mailing address and street	address of the principal office	of the Limited Liability Company is:
Princi	pal Office Address:	Mailing Address:
9789 Shangri La Wes	st Road	9789 Shangri La West Road
Milton, Florida 32583		Milton, Florida 32583
MIRLOIT, FIORIDA 32303		
RTICLE III - Registered A The Limited Liability Compar	ny cannot serve as its own Reg	egistered Agent's Signature: istered Agent. You must designate an individual c
ARTICLE III - Registered A The Limited Liability Compar nother business entity with ar	ny cannot serve as its own Reg	istered Agent. You must designate an individual c
ARTICLE III - Registered A The Limited Liability Compar nother business entity with ar	ny cannot serve as its own Reg n active Florida registration.)	istered Agent. You must designate an individual o

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..

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

'MGR" = Manager	
MGR	
	Vemon Duncan
	9789 Shangri La West Road
	Milton, Florida 32583
	
f filing.) the date inserted in this block does not n nent's effective date on the Department	neet the applicable statutory filing requirements, this date will not of State's records.
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he date inserted in this block does not ment's effective date on the Department VI: Other provisions, if any.	
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he date inserted in this block does not ment's effective date on the Department I. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a me	of State's records. ember or an authorized representative of a member.
he date inserted in this block does not ment's effective date on the Department CVI: Other provisions, if any. REOURED SIGNATURE: Signature of a ment of the Department of a ment of the Department of the Depar	of State's records.
he date inserted in this block does not ment's effective date on the Department. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a ment of the Department of a ment of the Department of the Depa	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
REOUIRED SIGNATURE: Signature of a me This document is execu I am aware that any false constitutes a third degree	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State

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