

(((H24000164474 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMITER & SINGER, LLP

Account Number : 120000000085

: (561)626-4742

Fax Number

: (561)626-4742

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

Email Address: Corporate Occonitersincer. com

FLORIDA LIMITED LIABILITY CO. Mercury Trucking Vehicles, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

H240001644743

		COVER LET	TER	
TO:	New Filing Section Division of Corporations			
SUBJE	Moreury Trucking Vehicles			
	Nan	e of Limited Linhi	ity Company	
The end	closed Articles of Organization and	fee(s) are submittee	for filing.	
	return all correspondence concerning			
	Renzo Bagatoli			
		Name of	Person	
		Firm/Co	magny	
	4917 N. Nebraska Avenue		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Addre	:55	
	Tumpa, FL 33603			
	ceo@mercurytrucking.org	City/State and	Zip Code	
in a Control			nnual report notificat	iun)
or laren	er information concerning this matter	, please call:		
	Renzo Bagatoli	646 _a1 (245-4531	
. ,	Nume of Person	Arva Code	Daytime Telephon	e Number
r Enclose	d is a check for the following amoun	ı:		
□S125	.00 Filing Fee S130.00 Filing Certificate of Sta	tus Certifie	.00 Filing Fee & d Clopy copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<i>y</i>	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahansee, FL 32314	T 2	treet Address lew Filing Section Di he Centre of Tallaha 415 N. Monroe Stree fallahassee, FL 3230	ssee L Suite 810

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W.	U	u	J

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ARTICLE I - Name:			TED LIABILITY COMPANY
The name of the Limited Liah	ility Company is:		
Manage Me at t			
Mercury Trucking	Vehicles, LLC		
(Must co	ontain the words "Limit	ed Liability Compa	ny, "L.L.C.," or "LLC.")
RTICLE II - Address:			•
he mailing address and element	and town on the		
he mailing address and street	raduress of the principa	d office of the Limi	ited Liability Company is:
	inal Office Address:		
			Malling Address:
4917 N. Nebraska	Avenue	41	917 N. Nebraska Avenue
Tames Et incos			
Tampa, FL 33603			
			ampa, F1. 33603
RTICLE III - Registered A The Limited Liability Compare tother business entity with an	active Florida registrat	e, & Registered As	ampa, F1. 33603
RTICLE III - Registered A he Limited Liability Compar- nother business entity with an	active Florida registrat	e, & Registered Agention.) ed agent are:	ampa, F1, 33603
RTICLE III - Registered A The Limited Liability Comparenother business entity with an	active Florida registrat	e, & Registered As	ampa, F1, 33603
RTICLE III - Registered A The Limited Liability Compare tother business entity with an	active Florida registrat	e, & Registered Agen Registered Agen tion.) ed agent are:	ampa, F1, 33603
RTICLE III - Registered A he Limited Liability Compar- nother business entity with an	t address of the register Renzo Hagatoli	e, & Registered Agention.) ed agent are: Name	ampa, FL 33603 gent's Signature: I. You must designate an individual or
RTICLE III - Registered A	t address of the register Renzo Hagatoli 4917 N. Nebraska	e, & Registered Agention.) ed agent are: Name	ampa, FL 33603 gent's Signature: I. You must designate an individual or

Having been numed 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 of registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV: The name and address of each person ac	othorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGK	Renzo Bagajo)i 4917 N. Nebraska Avenue Tamna, FL 33603
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of If an effective date is listed, the date must be specified date of filling.)	of filing:
ARTICLE VI: Other provisions, if any.	State's records.
REQUIRED SIGNATURE:	
I am aware that any false in	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, iformation submitted in a document to the Department of State slony as provided for in s.817.155, F.S.
Renzo Bagatoli, Au	thorized Representative 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)