[redacted] [redacted] [redacted]

Form 205
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
Filing Fee: $300

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FILED
In the Office of the
Secretary of State of Texas
OCT 27 2017
Corporations Section

Certificate of Formation
Limited Liability Company

Article 1 – Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

South Gate Truck Services, LLC

The name must contain the words "limited liability company," "limited company," or an abbreviation of one of these phrases.

Article 2 – Registered Agent and Registered Office

(See instructions. Select and complete either A or B and complete C.)

☐ A. The initial registered agent is an organization (cannot be entity named above) by the name of:

OR

☑ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Esayas		Welebo	
First Name	*M.I.*	*Last Name*	*Suffix*

C. The business address of the registered agent and the registered office address is:

1919 S Shiloh Rd Suite 410	Garland	TX	75042
Street Address	*City*	*State*	*Zip Code*

Article 3—Governing Authority

(Select and complete either A or B and provide the name and address of each governing person.)

☐ A. The limited liability company will have managers. The name and address of each initial manager are set forth below.

☑ B. The limited liability company will not have managers. The company will be governed by its members, and the name and address of each initial member are set forth below.

GOVERNING PERSON 1

NAME (Enter the name of either an individual or an organization, but not both.)

IF INDIVIDUAL

Esayas		Welebo	
First Name	*M.I.*	*Last Name*	*Suffix*

OR

IF ORGANIZATION

Organization Name

ADDRESS

1919 S Shiloh Rd Suite 410	Garland	TX	USA	75042
Street or Mailing Address	*City*	*State*	*Country*	*Zip Code*

GOVERNING PERSON 2

NAME (Enter the name of either an individual or an organization, but not both.)

IF INDIVIDUAL

First Name | *M.I.* | *Last Name* | *Suffix*

OR

IF ORGANIZATION

Organization Name

ADDRESS

Street or Mailing Address | *City* | *State* | *Country* | *Zip Code*

GOVERNING PERSON 3

NAME (Enter the name of either an individual or an organization, but not both.)

IF INDIVIDUAL

First Name | *M.I.* | *Last Name* | *Suffix*

OR

IF ORGANIZATION

Organization Name

ADDRESS

Street or Mailing Address | *City* | *State* | *Country* | *Zip Code*

Article 4 – Purpose

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.

Supplemental Provisions/Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer:

Esayas Welebo
Name

1919 S Shiloh Rd Suite 410	Garland	TX	75042
Street or Mailing Address	*City*	*State*	*Zip Code*

Effectiveness of Filing (Select either A, B, or C.)

A. ☑ This document becomes effective when the document is filed by the secretary of state.

B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____

C. ☐ This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: 10/27/2017

Esayas Welebo
Signature of organizer

Esayas Welebo
Printed or typed name of organizer

OFFICE OF JOHN F. WARREN
COUNTY CLERK, DALLAS COUNTY, TEXAS

11/03/2017 12:30:54 PM

201700311028 ✓
ANINC 1/1

ASSUMED NAME CERTIFICATE FOR AN INCORPORATED BUSINESS OR PROFESSION

NOTICE: "CERTIFICATES" ARE VALID NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE CHAPTER 71, SECT. 151(a), TITLE 5 BUSINESS AND COMMERCE CODE THIS CERTIFICATE PROPERLY EXECUTED IS TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK

NAME UNDER WHICH BUSINESS OR PROFESSIONAL SERVICES IS OR WILL BE CONDUCTED:

SGTS

(Print or Type)

Address: 1919 S Shiloh Rd Suite 410

City: Garland State: TX Zip Code: 75042

1. The name of the incorporated business or profession as stated in its Articles of Incorporation or comparable document is: South Gate Truck Services, LLC.

2. The state, country, or other jurisdiction under the laws of which it was incorporated is TX and the address of its registered or similar office in that jurisdiction is: 1919 S Shiloh Rd Suite 410 Garland, TX 75042.

3. The period, not to exceed ten years, during which this assumed name will be used is: 10

4. The corporation is a (circle one) business operation, non-profit corporation, professional corporation, professional association or other type of corporation (specify) Business Corporation.

5. If the corporation is required to maintain a registered office in Texas, the address of the registered office is 1919 S Shiloh Rd Suite 410 Garland, TX 75042 and the name of its registered agent at such address is Esayas Welebo. The address of the principal office (if not the same as the registered office) is: _____.

6. If the corporation is not required to or does not maintain a registered office in Texas, the office address in Texas is: _____ and if the corporation is not incorporated, organized or associated under the laws of Texas, the address its place of business in Texas is: _____, and the office address elsewhere is: _____

7. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "all" or "all except All").

8. If this instrument is executed by the attorney-in-fact, the attorney-in-fact hereby states that he has been duly authorized, in writing, by his principal to execute and acknowledge this instrument.

Signature Corp. Officer, representative or attorney-in-fact of the corporation

THE STATE OF TEXAS, COUNTY OF DALLAS

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared Esayas Welebo, Known to me to be the person(s) whose name(s) is/are the subscribed to the foregoing instrument and, under oath, acknowledged to me that (s) he signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on 3 Nov. ,20 17

JOHN F. WARREN, COUNTY CLERK
DALLAS COUNTY, TEXAS

_____, or
Deputy County Clerk

_____
Notary Public in and for Dallas County

Filed and Recorded
Official Public Records
John F. Warren, County Clerk
Dallas County, TEXAS
11/03/2017 12:30:54 PM
$26.00

Form No 4243(Rev. 02-10)

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