

**FULL TIME TRUCKING LLC
PHILADELPHIA, PA**

TO: PUC Insurance Division

There has been no change in ownership or control of Full Time Trucking LLC. I, Shaun McCoullum, am still the only owner of Full Time Trucking LLC.

Docket number: A-2018 3003359

Members: Shaun McCoullum

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SECRETARY'S BUREAU

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VERIFICATION


I, Shawn McCullum, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

Shawn McCullum
Signature

11-1-19
Date

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to:
Shaun M McCoullum
Name
7024 Ogontz Ave.
Address
Philadelphia PA 19138
City State Zip Code
 Return document by email to: _____

Certificate of Organization Domestic
Limited Liability Company
DSCB:15-8821(rev. 2/2017)

8821

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125.00

I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):

Full Time Trucking LLC

2. Complete part (a) or (b) – not both:

(a) The address of the limited liability company's initial registered office in this Commonwealth is:

(post office box alone is not acceptable)

7024 Ogontz Ave	Philadelphia	PA	19138	Philadelphia
Number and Street	City	State	Zip	County

(b) name of its commercial registered office provider and the county of venue is:

c/o:

Name of Commercial Registered Office Provider County

3. The name of each organizer is (all organizers must sign on page 2):

Name	Address
Shaun M McCoullum	7024 Ogontz Ave , Philadelphia , Philadelphia , PA , United States , 19138

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4. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):

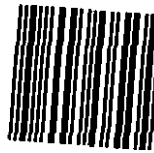
The Certification of organization shall be effective upon filing in the Dept of State.

The Certification of organization shall be effective _____ at _____
on: Date(MM/DD/YYYY) Hour (if any)

SS FIRMLY TO SEAL

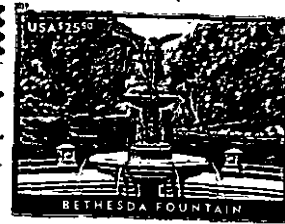


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19154
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\$0.00
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**UNITED STATES
POSTAL SERVICE.**



**PRIORITY
MAIL
EXPRESS®**



EJ 154 521 360 US

CUSTOMER USE ONLY

(PLEASE PRINT)

PHONE ()

ALL TIME TRUCKING
P.O. BOX 63286
Philadelphia, PA 19114

11/4/2019 9:20:56 AM

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mailbox or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- No Saturday Delivery (delivered next business day)
 - Sunday/Holiday Delivery Required (additional fee, where available)*
 - 10:30 AM Delivery Required (additional fee, where available)*
- *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ()

SECRETARY PA PUBLIC
UTILITY COMMISSION
400 NORTH ST. 2ND FL.
HARRISBURG, PA
ZIP + 4 (U.S. ADDRESSES ONLY)

1 7 1 2 0

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance included.

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code 19154	Scheduled Delivery Date (MM/DD/YY) 11-4-19	Postage \$ 25.50	
Date Accepted (MM/DD/YY) 11-2-19	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 11:05	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$	
Weight lbs. ozs.	Acceptance Employee Initials		

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

To: PUC MASTER

Agency: PUC
Floor.

External Carrier: EXPRESS



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PEEL FROM THIS CORNER

LABEL 11-8, MARCH 2018

PSN 7690-02-000-8996