



# Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

FILED: JUN 25, 2024  
OREGON SECRETARY OF STATE



228099297-26396401

MEICHESNER TRANSPORTATION LLC

NEWORG

REGISTRY NUMBER: 228099297

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black ink. Attach Additional Sheet if Necessary.

1. NAME OF LIMITED LIABILITY COMPANY: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

Meichesner Transportation LLC

2. DURATION: (Please check one.)

Duration shall be perpetual.

Latest date upon which the Limited Liability Company is to dissolve is \_\_\_\_\_

3. PRINCIPAL OFFICE: (Must be a physical street address)

1406 34th Street Springfield  
Oregon 97478

4. REGISTERED AGENT: (Individual or entity that will accept legal service for this business)

Michael Robert Meichesner

5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's office.)

1406 34th Street Springfield  
Oregon

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

1406 34th Street Springfield  
Oregon 97478

7. HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

This LLC will be member-managed by one or more members.  
 This LLC will be manager-managed by one or more managers.

8. IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED: (ORS 58.015(5)(m))

Transportation of goods by tractor trailer

14. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Organizer)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

SIGNATURE:

PRINTED NAME:

Michael Robert Meichesner Owner

TITLE:

CONTACT NAME: (To resolve questions with this filing)

Michael Robert Meichesner

PHONE NUMBER: (Include area code)

541 751 3416

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## FEES

Required Processing Fee \$100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program.