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(Requestor's Name)		
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PICK-UP	MAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATION

OS JUN 29 AM 8: 55



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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: M & C TRANSPORT (Name of Limited	SYSTEMS: LLC Liability Company)		
The enclosed Articles of Organization and fee(s) are su	_		
Please return all correspondence concerning this matter	-		
IVARCOS IVA	Name of Person)		
	SPORT SYSTEMS , L Firm/Company)	<u>C</u>	-
2995 BAN	NERMAN RD (Address)		R TALL
	SEE FL 32312 State and Zip Code)		ALLAHASSEE, FLORIDA
For further information concerning this matter, please c	call:		AM 9: 00
MARCUS WILLIAMS (Name of Person)	at (<u>\$50</u>) <u>597 - 1</u> (Area Code & Daytime Te		
Enclosed is a check for the following amount:			
□ \$125.00 Filing Fee & Certificate of Status	■ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Certificate of Status Certified Copy (additional copy is enclose	&
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING A Registration S Division of Co P.O. Box 6327	ection orporations	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
M & C TRANSPORT SYSTEMS	· · · · · ·	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2995 BANNERMAN RD TALLAHASSEE, FL. 72312	SAME	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
The name and the Florida street address of the re	gistered agent are:	
MARCUS MILLI Name	AWS	
2995 BANNER 1 Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)	
TALLAHASSEE City, State, ar		
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with histered agent as provided for in Chapter 608, F.S	
	_ ~	

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MSRM	MARCUS WILLIAMS
	2995 BANNERMAN RD
	TALLAHASSEE, FL. 32312
NAC 22 A4	CD
MGRM	CROWNS THERVIL
	1703 MONTICELLO DR.
	TAMAHASSEE, FL. 32303
	·
	
(Use attachment if necessary)	
(Osc attachment if necessary)	
NOTE: An additional article mus	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
Noras	Lastians
Signature of a meml	per or an authorized representative of a member.
(In accordance with s of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
MAR	cus A- Williams
	Syped 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)