L1000019134

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration As Filler Office
Special Instructions to Filing Officer:
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Office Use Only



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T. CLINE
FEB 19 2010
EXAMINERED BY 1: 01

COVER LETTER

TO:	Registration S Division of Co						
SUBJE	ECT:	Lee Tra	anspo	ort Ser	vice LLC	;	
		Name of Limite	ed Liab	ility Comp	any		
The en	closed Articles o	f Organization and fee(s) are	submitt	ed for filin	g.		
Please	return all corresp	oondence concerning this matt	er to th	e followin	g:		
				ld Lee			
			Name o	of Person			
		Lee Tra			e LLC		
			Firm/C	Company			
		5809 (Dougl	as Ferry	/ Rd		···
			Add	dress			
		Car	ryville	, FI 3242	27		
•		Cit	y/State a	und Zip Cod	le		TALL HE
•		E-mail address: (to be used f	or future	e annual rep	ort notification	on)	, L
For fur	ther information	concerning this matter, please	e call:				
		nald Lee	_ at (850)	535-2801	710
	Name	of Person		Area Cod	e & Daytime	Telephone Number	6.7.
Enclos	sed is a check f	or the following amount:					
]\$ 125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	55.00 Fili ertified Co ditional cop) Certified C	of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registra Division Clifton 1 2661 Ex	Courier Addition Section of Corpora Building secutive Center See, FL 323	tions ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited	Liability Company is:					
(Must end y	Lee Transport Se	Prvice LLC ity Company," "L.L.C.," or "LLC.")				
		ny company, E.E.C., or EEC.)				
ARTICLE II - Address	•					
The mailing address and	street address of the pr	incipal office of the Limited L	iability Company is:			
Principal Office Address:		Mailing Address:				
5809 Douglas Ferry R Caryville, Fl 32427	d	5809 Douglas Ferry Rd Caryville, Fl 32427				
ARTICLE III - Registe (The Limited Liability Company business entity with an active F	cannot serve as its own Regist	Office, & Registered Agent' ered Agent. You must designate an indi-	's Signature:			
The name and the Florid	a street address of the re	egistered agent are:				
	Ronald	Lee	्रिकें क			
	Name	· · · · · · · · · · · · · · · · · · ·	विंदा म			
	5809 Douglas	Ferry Rd	7.52			
	Florida street address (P.O.	Box NOT acceptable)	晋. 9			
(Caryville, Fl 32427	FI.	23*			
	City, State, ar					

Having been named 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 as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGR" = Manage "MGRM" = Mana						
MGRM	Ronald Lee					
	5809 Douglas Ferry Rd Caryville, Fl 32427					
MGR	Julia M. Lee					
	5809 Douglas Ferry Rd Caryville, Fl 32427					
·						
						
		dikkala aras karna Bada				
(Use attachment is	necessary)					
	ate, if other than the date of filing: (O					
to or 90 days after the day		.				
REQUIRED SIG	NATURE:					
	Signature of a member or an authorized representative of a member.	美元 田	are te			
	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	B PR	*** **.			
	Ronald Lee					
Filing Fees:	Typed or printed name of signee	1: 02				

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)