L16000110286

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Sent me a copy of back of Chell on 6/8/16 "Al Transport LCCII was
"Al Transport LLCII was not available.

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16 JUN -7 PHIZ: 19



COVER LETTER ...

	Registration Section Division of Corporations		
ann iro	#I TRANSPORTATION LLC		
SUBJEC		Limited Liability Company	
The enclo	osed Articles of Organization and fed	s) are submitted for filing.	
Please ret	urn all correspondence concerning t	s matter to the following:	
	KHIR RABBATTA		
		Name of Person	
		Firm/Company	
	7512 Dr. Phillips Blvd Ste. 50-	, ,	
		Address	
	Orlando, Fl. 32819		
	speedytaxi16@gmail.com	City/State and Zip Code	
	E-mail address: (to be	used for future annual report notific	cation)
For further	information concerning this matter,	lease call:	
	Khir Rabbatta	407 329-3996	
	Name of Person	Area Code Daytime Teleph	one Number
Enclosed	is a check for the following amount		
S 125.00 I	Filing Fee S130,00 Filing Fee Certificate of State		\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: ne name of the Limited Liability Company is:		FILED 16 JUN -7 PH 12 SECRETARY UF ST TALLAHASSEE FLOOR
#I TRANSPORTATION LLC		SECRETAR
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	TALLAHASSEE ST
RTICLE II - Address: ne mailing address and street address of the principal office of Principal Office Address:	f the Limited Liability Company is: Mailing Address:	/ [0]
ne mailing address and street address of the principal office of		/ LOJ

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

KHIR RABBATTA		
· · · · · · · · · · · · · · · · · · ·	Name	
7512 DR. PHILLIP	S BLVD STE. 50-1	171
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
ORLANDO	FL.	32819
City	State	Zip

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 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page Lof 2

<u> Title:</u>	Name and Address: 16 .IIIM ~
"AMBR" = Authorized Member	Name and Address: 16 JUN -7
"MGR" = Manager AMBR	KHIR RABBATTA 7512 Dr. Pintips Blvd Sic. 50-171 FALL AHASSE Orlando, Fl. 32821
	7512 Dr. Phillips Blvd Ste. 50-171 ALL AHASSE
	Orlando, Fl 32821
f filling.)	pecific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the date citive date is listed, the date must be sfilling.)	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date effice date is listed, the date must be sf filling.) the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
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E V: Effective date, if other than the date ctive date is listed, the date must be sof filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a nor This document is executed an aware that any fall.	meet the applicable statutory filing requirements, this date will not be to of State's records.
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E V: Effective date, if other than the date effect date is fisted, the date must be so filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a nor This document is exect I am aware that any fall constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be to of State's records. The information submitted in a document to the Department of State see information submitted in a document to the Department of State.

Page 2 of 2