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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



AUG 2 2 2016

T. SCOTT



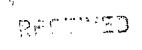
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# FLORIDA DEPARTMENT OF STATE AUG 19 Fil 12: 41 Division of Corporations

July 28, 2016

SORIN APOSTOIU 7501 ULMERTON RD #415 LARGO, FL 33771

SUBJECT: SORIN APOSTOIU TRUCKING, LLC

Ref. Number: W16000029451

We have received your document for SORIN APOSTOIU TRUCKING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 716A00015910

### TO WHO IT MAY CONCERN

## I, SORIN APOSTOIU HAVING THE ADDERSS AT

7501 ULMERTON RD #415, LARGO FL 33771, EMAIL ADDRESS <u>SORIMACHO20@GMAL.COM</u> AND TEL. NO 727-657-7153, I WOULD LIKE TO CERTIFY THAT I WOULD LIKE TO HAVE A NEW COMPANY AS AN LLC, (SORIN APOSTOIU TRUCKING LLC DBA S.A.T. LLC) AND I DO NOT WANT TO CONVERT THE OLD COMPANY SORIN APOSTOIU TRUCKING INTO AN LLC.

FOR ANY FURTHER QUESTIONS PLEASE FEEL FREE TO CONTACT ME VIA EMAIL OR PHINE LISTED ABOVE!

THANK YOU VERY MUCH!

SIGNATURE:

IN ATTN OF TAYRONE SCOTT

### **COVER LETTER**

T0: Registration Section

Division of Corporations

SUBJECT: SORIN APOSTOIU TRUCKING LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SORIN\_APOSTOIU

Name of Person

Firm/Company

7501 ULMERTON Rd # 415

LARGO, FL 33771
City/State and Zip Code

SORIMACHO 20 @ GMAL. COIT.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Solin Apostoiu at (727) 657 7453

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

\$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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTÌCLE I - Name;	
The name of the Limited Liability Company is:	

SORIN	APOSTOIU	TRUCKING	LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
7501 ULITERTON Rd #415	SAME
URGO , FL 33771	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARIEL F	opes cu	
	Name	
7501 ULM	ERTON RO	#415
Florida street addres		
UR60	FZ	33771
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>litle:</u> 'AMBR" = Authori 'MGR" = Manager	zed Member	Name and Address:
MER.	<del></del>	SORIN APOSTOIU 7501 ULMERTON Rd # 415 LARGO, FZ 33771
Use attachment if r	ecessary)	
EV: Effective date, ctive date is listed, filing.)	if other than the date of the date must be speci this block does not mee	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 det the applicable statutory filing requirements, this date will not be
EV: Effective date, ctive date is listed, filing.)	if other than the date of the date must be speci this block does not mee e on the Department of	fic and cannot be more than five business days prior to or 90 d et the applicable statutory filing requirements, this date will not b
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