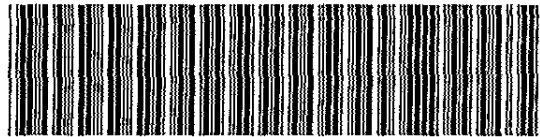


L03000022162



Ms. Sharon Frost
6192 39th Ave N
Saint Petersburg, FL 33709-5206



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Member / representative
signature



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 3, 2003

SHARON FROST
6192 39TH AVE N
ST PETERSBURG, FL 33709-5208

SUBJECT: AFFORDABLE WHEELCHAIR TRANSPORT SERVICE L.L.C.
Ref. Number: W03000015719

We have received your document for AFFORDABLE WHEELCHAIR TRANSPORT SERVICE L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 703A00034716

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: AFFORDABLE WHEELCHAIR
TRANSPORT SERVICE L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
6192 39th AV. N. ST. PETERSBURG, FL. 33709

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

SHARON M. FROST
Name
6192 39th AV. N.
Florida street address (P.O. Box **NOT** acceptable)
ST. PETERSBURG, FL 33709
City, State, and 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 608, F.S.

Sharon M. Frost
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Sharon M. Frost
Signature of a member or an authorized representative of a member.

(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.)

SHARON M. FROST
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)