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03 JUL 17 AM 9:32

OFFICE OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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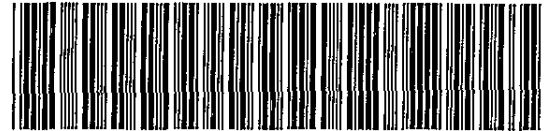
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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03 JUL 17 AM 9:32
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Custom Transports 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:

Jessica Presnell
(Name of Person)

(Firm/Company)

164 Bent Arrow Drive
(Address)

Destin, FL 32541
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Presnell at (850) 650-4626
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Custom Transports LLC

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

206 Stokes Ave.

Suite 3A

Ft. Walton Beach, FL 32548

Mailing Address:

P.O. Box 1451

Destin, FL 32541

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

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

Jessica Presnell

Name

206 Stokes Ave. Suite 3A

Florida street address (P.O. Box **NOT** acceptable)

Ft. Walton Beach FL 32548

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..



Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

(alphabetically)

MGR

Tom Brooks

111 Cowrie

Ft. Walton Bch, FL 32548

MGR

J. Mikkel Krawczyn

164 Bent Arrow Dr.

Destin, FL 32541

MGR

Jessica Presnell

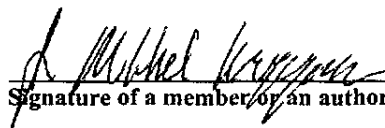
164 Bent Arrow Dr.

Destin, FL 32541

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

J. Mikkel Krawczyn

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)