

L04000028543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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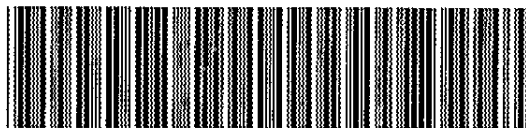
(Business Entity Name)

(Document Number)

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2004 APR 13 PM 1:22  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

W04-13792  
J. BRYAN APR - 8 2004

J. BRYAN APR 14 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ITS RAMROD, 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:

CAROL ORDONEZ

(Name of Person)

SHARI OLEFSON, PA

(Firm/Company)

15 SOUTHEAST 9 AVENUE

(Address)

FORT LAUDERDALE, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL ORDONEZ

(Name of Person)

at ( 954 ) 467-2519

(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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2004 APR 13 PM 1:22  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 8, 2004

CAROL ORDONEZ  
SHARI OLEFSON, PA  
15 SOUTHEAST 9 AVENUE  
FORT LAUDERDALE, FL 33301

SUBJECT: ITS RAMROD, LLC  
Ref. Number: W04000013792

FILED  
2004 APR 13 PM 1:22  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for ITS RAMROD, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 704A00023077

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
2004 APR 13 PM 1:22  
DIJON CORPORATION  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ITS RAMROD, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

15 SE 9 Avenue

Ft. Lauderdale, FL 33301

**Mailing Address:**

15 SE 9 Avenue

Ft. Lauderdale, FL 33301

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

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

SHARI B. OLEFSON

Name

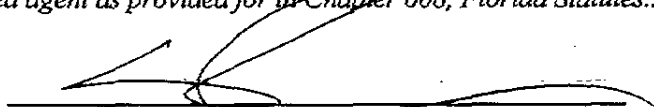
15 Southeast 9 Avenue

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

Ft. Lauderdale FLORIDA 33301

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

ITS USA, INC.

15 SE 9 AVENUE

FT. LAUDERDALE, FL 33301

(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.)

SHARI B. OLEFSON

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)

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JANON CORPORATION  
TALLAHASSEE, FLORIDA