

L04000037533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

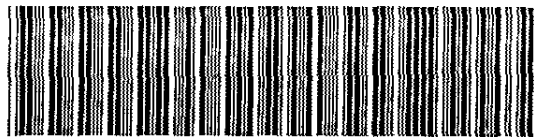
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APPROVED
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04 MAY -7 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-18-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSPONTS INTERNATIONAL 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:

PAT W WHITE
(Name of Person)

INSURANCE FOR STUDENTS INC.
(Firm/Company)

4861 N DIXIE HWY STE 200C
(Address)

FT. LAUDERDALE FL 33334
(City/State and Zip Code)

For further information concerning this matter, please call:

PAT W WHITE at (954) 771-5883
(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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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRANSPORTS INTERNATIONAL 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:

4861 N. DIXIE HWY

SAME

STE 200C

FT. LAUDERDALE FL
33334

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

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

PHILIP SCRUTON

Name

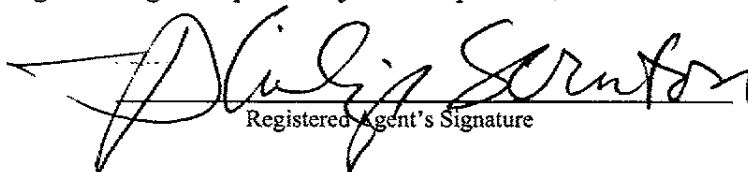
2191 NE 5th CIRCLE

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

BOCA RATON, FLORIDA 33431

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

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TALLAHASSEE, FLORIDA

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:

MGRM

PAT W. WHITE
4861 N. DIXIE HWY STE 300
FT. LAUDERDALE FL 33334

MGRM

JENEN CHEN
4861 N. DIXIE HWY STE 300
FT. LAUDERDALE FL 33334

MGRM

BARBARA A TURKELL-WHITE
4861 N. DIXIE HWY STE 300C
FT. LAUDERDALE FL 33334

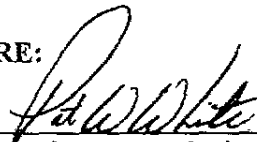
MGRM

XUEZHEN SHEN
4861 N. DIXIE HWY STE 300C
FT. LAUDERDALE FL 33334

(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.)

PAT W WHITE

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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TALLAHASSEE, FLORIDA