

L040000 72415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

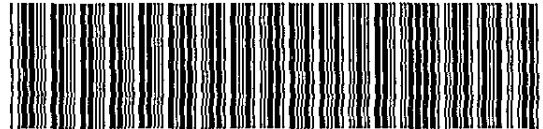
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

10/6  
WST



000041515510

10/05/04--01053--019 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 OCT -5 AM 11:33

FILED

## TRANSMITTAL LETTER

ATX1

TO: Registration Section  
Division of Corporations

SUBJECT: LCP Transport, 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:

Neika Cash Taylor  
(Name of Person)

Select Services, Inc. and John A. McCole, CPA  
(Firm/Company)

Post Office Box 805  
(Address)

Salisbury, NC 28145-0805  
(City/State and Zip Code)

For further information concerning this matter, please call:

Neika Cash Taylor, Organizer at (800) 647-0027  
(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

FILED  
04 OCT -5 AM 11:33  
TALLAHASSEE, FLORIDA

LCP Transport, LLC

20-1268772

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

ATX1

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LCP Transport, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

LCP Transport, LLC

2239 Elizabeth Drive

Brandon, FL 33510

**Mailing Address:**

LCP Transport, LLC

2239 Elizabeth Drive

Brandon, FL 33510

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

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

Luis Carlors Prado

Name

2239 Elizabeth Drive

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

Brandon

FLORIDA 33510

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

FILED  
04 OCT 2011 11:33  
TALLAHASSEE, FLORIDA

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

ATX1

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

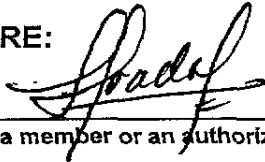
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:****MGR**Luis Carlos Prado  
2239 Elizabeth Drive  
Brandon, FL 33510**MGRM**Luis Carlos Prado  
2239 Elizabeth Drive  
Brandon, FL 33510

(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.)

Luis Carlos Prado

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 OCT -5 AM 11:33

**FILED****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)