

L04000083303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

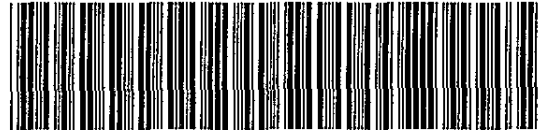
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200042357662

11/10/04--01022--006 **125.00

FILED
2004 NOV 10 PM 2:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN NOV 17 2004

**WICKENS
HERZER
PANZA
COOK &
BATISTA**

Connie L. Ferrer

Paralegal

cferrer@wickenslaw.com

Direct Dial: 440-930-8078
Main: 440-930-8000
Cleveland: 216-447-4418
Facsimile: 440-937-4466

A LEGAL PROFESSIONAL ASSOCIATION

35765 Chester Road
Avon, OH 44011-1262

November 9, 2004

VIA OVERNIGHT MAIL
UPS TRACKING NO. N453 170 423 3

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
2004 NOV 10 PM 2:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE: Articles of Organization

Dear Sir or Madam:

Enclosed please find the original signed Articles of Organization and Transmittal Letter that we are submitting for filing on behalf of Highway Coach Florida LLC.

Also enclosed is our client's check (No. 1471) in the amount of \$125.00 as the requisite filing fee.

Thank you in advance for your prompt attention to this matter.

Sincerely yours,

WICKENS, HERZER, PANZA, COOK & BATISTA
A Legal Professional Association



By: Connie L. Ferrer
Paralegal for Todd A. Schrader, Esq.

/clf

Enclosures

cc: Kenneth R. Van Wagnen (w/o enclosures)
David M. Hobe, CPA (w/enclosure)
CT Corporation System (w/enclosure)

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Highway Coach Florida 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:

Todd A. Schrader, Esq.

(Name of Person)

Wickens, Herzer, Panza, Cook & Batista

(Firm/Company)

35765 Chester Road

(Address)

Avon, OH 44011-1262

(City/State and Zip Code)

For further information concerning this matter, please call:

Todd A. Schrader, Esq.

(Name of Person)

at (440) 930-8000

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

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
2004 NOV 10 PM 2:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Highway Coach Florida LLC

ARTICLE II - Address:

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

Principal Office Address:

2525 South Ridge Road

Ashtabula, OH 44004

Mailing Address:

2525 South Ridge Road

Ashtabula, OH 44004

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

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

C T Corporation System

Name

1200 South Pine Island Road

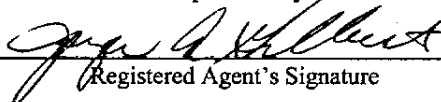
Florida street address (P.O. Box **NOT** acceptable)

Plantation, Florida 33324

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..

C T Corporation System


Registered Agent's Signature

JOYCE A. GILBERT
ASSISTANT SECRETARY

(CONTINUED)

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

Donald W. Terkelsen

6671 Pangola Rd

Ft Myers FL 33905

FILED
2004 NOV 10 PM 2:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

(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.)

Kenneth R. Van Wagnen, Authorized Representative

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)