

# L05000050318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

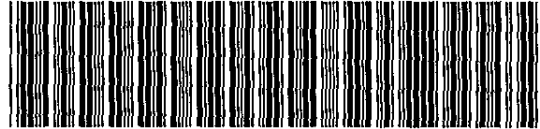
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FREIGHT PIRATE EXPIDITE DELIVERY SOLUTION, 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:

SARAH MICHELLE TREIDA

(Name of Person)

(Firm/Company)

1448 S.E. 15TH TER

(Address)

CAPE CORAL, FL 33990

(City/State and Zip Code)

For further information concerning this matter, please call:

SARAH MICHELLE TREIDA  
(Name of Person)

at ( 839 ) 1099-2180  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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  
MAY 16 2002  
TALLAHASSEE  
FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

FREIGHT PIRATE EXPIDITE DELIVERY SOLUTION, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

4085 HANCOCK BRIDGE PARKWAY

SUITE 111-166

FORT MYERS, FL 33903

#### Mailing Address:

4085 HANCOCK BRIDGE PARKWAY

SUITE 111-166

FORT MYERS, FL 33903

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

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

SARAH MICHELLE TREIDA

Name

1448 S.E. 15TH TER

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

CAPE CORAL, 33990

FL

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.*

Sarah Treida 5/6/05  
Registered Agent's Signature Date:

(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:**

MGR

SARAH MICHELLE TREIDA

1448 S.E. 15TH TER

CAPE CORAL, FL 33990

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Sarah Treida

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.)

SARAH MICHELLE TREIDA

Typed or printed name of signee

5/16/05  
date:

**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)

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2005 MAY 16 A 11:24

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