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05-82625

TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT: Transpor	tation Management Group,	LLC		
		d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Phillip J.	Brutus, Esquire			
	O	Name of Person)		
Transportation Mana	agement Group, LLC			
		Firm/Company)		
1125 NE 12	5 Street, Suite 103			
		(Address)		
North	Miami, Florida 33161			
TVOITI		State and Zip Code)		
For further information	concerning this matter, please	call:		
Phillip J. Brutus		at (305) 899-0411		
	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	or the following amount:		1. 2	
☐ \$125.00 Filing Fee		☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Fitting Feet Certificate of Status &c Certified Copy (additional copy is additional)	TI
			FE PR	7
Regist Divisi 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	pection Springer Spri	**************************************

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Transportation Management Group, LLC				
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Li	ability Company is:		
Principal Office Address:	Mailing Address:			
1125 NE 125 Street	1125 NE 125 Street			
Suite 103	Suite 103	 _		
North Miami, Florida 33161	North Miami, Florida 33161			
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	·	: Signature:		
Phillip J. Brutus				
Na	ame			
1125 NE 125 Stret, Suite 1	103			
Florida street	t address (P.O. Box NOT acceptable)			
North Miami, Florida 33161 FL				
City, Sta	ate, and Zip			
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my positional to	in this certificate, I hereby accept th acity. I further agree to comply with e performance Mmy duties, and I an	ne appointment as n the provisions of all n familiar with and		
(CON)	ent's Signature	2005 AUG 19 PH 12: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Marc Villain
	12500 NE 15th Avenue, No. 510
	North Miami, Florida 33161
MGRM	_ Jewell T. Williams
	14205 S. Wentworth Avenue
	Riverdale, Illinois
MGRM	Michelle Adam
	507 S. 5th Street
	Fort-Pierce, Florida 34950
	·
	

(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.)

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)

2005 AUG 19 PM 12: 52

SECRETARY OF STATE

SECRETARY OF STATE