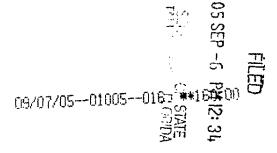
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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	Office Use Or	WX.



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TRANSMITTÅL LETTER

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TO:

Registration Section Division of Corporations

STREET ADDRESS:

Division of Corporations

Tallahassee, Florida 32399

Registration Section

409 E. Gaines Street

Division of Corporations	
SUBJECT: EAST COAST TRANSPORT OF FORT RICHEY (Name of Limited Liability Company)	LLC
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: KALEN ZAJJALA	
(Name of Person)	
EAST COAST TRANSPORT OF PORT LICHEY LLC " (Firm/Company)	
8145 GOLDEN BEAL LOOF EN (Address)	05 SEP -
POLT RICHEY FL. 34668 (City/State and Zip Code) (City/State and Zip Code)	FILED -6 PH 12: 31
For further information concerning this matter, please call:	
KALEN ZASSALA at 727 849-8006 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

SHAS GOLDEN BEALLED

POLT RICHEY, FL. 34468

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

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

YALEN ZAJALA

Name

SILK GOLDEN BEALLED

Florida street address of the registered agent are:

YALEN ZAJALA

SILK GOLDEN BEALLED

Florida street address of the registered agent are:

YALEN ZAJALA

SILK GOLDEN BEALLED

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

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..

(CONTINUED)

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Me	mber(s):
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The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member MGRM	KAREN LASSALA 8145 GOLDEN BEAR JOLT RICHEY, FL. 346	toof)	
(Use attachment if necessary)			05	
NOTE: An additional article must	be added if an effective date is requested.		05 SEP	
REQUIRED SIGNATURE: Signature of a member	Toran authorized representative of a member.	STATE	-6 PH12: 34	FILEU
(In accordance with sec of this document consti	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury			

Filing Fees:

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

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee