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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
1
Certified Copies Certificates of Status
Constitution to Tillian Office
Special Instructions to Filing Officer: 223 FT CC
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EFFECTIVE DATE
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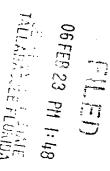
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Office Use Only



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COVER LETTER

TO: Registration So Division of Co	ection orporations		
SUBJECT:	Persistence	Transport, LLC	· ·
Sebuter.		Liability Company)	
The enclosed Articles of	of Organization and fee(s) are so	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		J. Collazo	
		Name of Person)	
	The Mar	ley Firm, P.A.	
	(Firm/Company)	
	6625 Miar	ni Lakes Driv	е
		(Address)	
	Miami La	kes, Florida 3	33014
,		(State and Zip Code)	
For further information	concerning this matter, please	call:	
Arleen J. Collazo		at (786) _25	8-1598
(Name	e of Person)	at (
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fe Certified Copy (additional copy is enclose	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Section Division of Corp Clifton Building 2661 Executive Callahassee, FL	on orations Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLO	JKIDA LIVITED LIADI	LITT COMPANT
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Persistence Transport, LLC (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC	C." or "L.C.")
	- Company or any	,,
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
8300 N.W. 93rd Street	P.O. Box 174072	
Medley, Florida 33166	Hialeah, Florida 33017-4072	
		<u> </u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent red Agent. You must designate an indi	's Signature: ividual or another
The name and the Florida street address of the re	gistered agent are:	
Arleen J. C	Collazo	N=- · · ·
Name		
6625 Miami L	akes Drive	. •
Florida street add	ress (P.O. Box NOT acceptable)	_ ·
Miami Lakes, City, State, a		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	nis certificate, I hereby accept . I further agree to comply wi formance of my duties, and I d	the appointment as th the provisions of all am familiar with and
Registered Agent's Signatu	Lo llago ire (REQUIRED)	06 FEB 23 SCHEINGE
(CONTIN		
Page 1 of 2		S

ARTICLE IV- Manager(s) or Manager and address of each Manager	anaging Member(s): ager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Ero Iglesias P.O. Box 174072 Hialeah, Florida 33017-4072
 	
	
(Use attachment if necessary)	
	ne date of filing: February 21,2006 (OPTIONAL) be specific and cannot be more than five business days pri
(In accordance with se	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)

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)

Ero Iglesias

Typed or printed name of signee