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DIVISION OF CORPORATION

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COVER LETTER

	sistration Section ision of Corporations			
SUBJECT: Northwest Florida Transport, LLC				
	(Name of Limited Liability Company)			
The enclosed	d Articles of Organization and fee(s) are submitted for filing.			
Please return	all correspondence concerning this matter to the following:			
	Michael J Weglinski (Name of Person)			
Morthwest Florida Transport, LLC. (Firm/Company)				
(Firm/Company)				
7024 Grenville Road (Address)				
	(Address)			
Tallahassa Fl 37309				
Tallahassee FL 32309 (City/State and Zip Code)				
For further i	nformation concerning this matter, please call:			
) (1 to 1 ' 1' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
MICH	Michael J Weglinski at (850) 893-0881 (Name of Person) (Area Code & Daytime Telephone Number)			
	(Made our cool)			
Enclosed is	s a check for the following amount:			
\$125.00	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & V \$155.00 \text{ Filing Fee & Certificate of Status}}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314 Mailing Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

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SECRUISED OF STATE
LLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compan	y îs:
Northwest Florida Tran	rsport, LCC
(Must end with the words "Limited Liability Company, "	'Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
906 Detroit Ave. Panama City, FI 32401	7024 Grenville Rd. Tallahessee, Fl 32309
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
Michael J	Weglinski vame
7024 Gren	ville Rd.
	et address (P.O. Box NOT acceptable)
Tallahassee	tate, and Zip
City, S	itate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	nd to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and tregistered agent as provided for in Chapter 608, F.S
Registered Agent's	Signature (REQUIRED) No. 17 ALLAHAS SECRETARY AHAS SECRETARY
	PH 1: 45 PIOT2 PH 1: 45

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Michael J Weglinski 7024 Granville Rd Tallahassee, Fl 32309
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	the date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	FIRED.

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2