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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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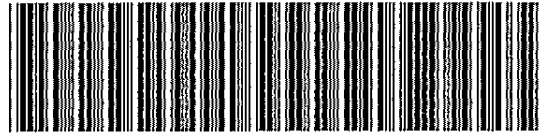
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E.A.R. Transportation, 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:

ENRIQUE A. Razuri  
(Name of Person)  
E.A.R. Transportation, LLC  
(Firm/Company)  
1650 N.E. 168 STREET  
(Address)  
North Miami Beach, FL 33162  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Karla M. Razuri at ( 786 ) 286-0943  
(Name of Person) (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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

E.A.R. Transportation, LLC

(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 principal office of the Limited Liability Company is:

#### Principal Office Address:

1650 NE 168 ST  
N. Miami Beach, FL  
33162

#### Mailing Address:

1650 NE 168 ST  
N. Miami Beach, FL  
33162

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Enrique A. Razuiri  
Name  
1650 NE 168 ST  
Florida street address (P.O. Box NOT acceptable)  
N. Miami Beach, FL  
City, State, and Zip 33162

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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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(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

MGR

MGRM

**Name and Address:**

Enrique Razoni  
1650 NE 168 St  
N. Miami Bch FL 33162

Karla M. Razoni  
1650 NE 168 St  
N. Miami Bch FL 33162

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Enrique A. Razoni  
Typed or printed name of signer

**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)

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>E. A. R. Transportation, LLC</b>		
	2 Trade name of business (if different from name on line 1) <b>SAME</b>		3 Executor, administrator, trustee, "care of" name <b>Enrique A. Razuri</b>
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>1650 NE 168 Street</b>		5a Street address (if different) (Do not enter a P.O. box.) <b>SAME</b>
	4b City, state, and ZIP code <b>N. Miami Bch FL 33162</b>		5b City, state, and ZIP code <b>SAME</b>
	6 County and state where principal business is located <b>Dade FL</b>		
	7a Name of principal officer, general partner, grantor, owner, or trustee <b>Enrique A. Razuri</b>		7b SSN, ITIN, or EIN <b>595-041-1006</b>
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____			
<input type="checkbox"/> Partnership			
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____			
<input type="checkbox"/> Personal service corporation			
<input type="checkbox"/> Church or church-controlled organization			
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____			
<input checked="" type="checkbox"/> Other (specify) ▶ <b>LLC</b>			
<input type="checkbox"/> Estate (SSN of decedent) _____			
<input type="checkbox"/> Plan administrator (SSN) _____			
<input type="checkbox"/> Trust (SSN of grantor) _____			
<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government			
<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military			
<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises			
Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated			
State _____ Foreign country _____			
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>LLC</b>			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____			
<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____			
<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Created a trust (specify type) ▶ _____			
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
<input type="checkbox"/> Hired employees (Check the box and see line 12.)			
<input type="checkbox"/> Compliance with IRS withholding regulations			
<input type="checkbox"/> Other (specify) ▶ _____			
10 Date business started or acquired (month, day, year). See instructions. <b>3-01-2007</b>		11 Closing month of accounting year <b>December</b>	
12 First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) <b>3-01-2007</b>			
13 Highest number of employees expected in the next 12 months (enter -0- if none).		Agricultural	Household
Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)			Other <input checked="" type="checkbox"/>
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input checked="" type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker			
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
<input type="checkbox"/> Other (specify) _____			
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Delivery service</b>			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Note.</b> If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.			
Legal name ▶ _____		Trade name ▶ _____	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.			
Approximate date when filed (mo., day, year) _____		City and state where filed _____ Previous EIN _____	
Third Party Designee	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name _____		Designee's telephone number (include area code) _____
	Address and ZIP code _____		Designee's fax number (include area code) _____
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ <b>Enrique A. Razuri, Manager</b>		Applicant's telephone number (include area code) <b>(954) 461-4893</b>	
Signature ▶ <b>[Signature]</b>		Applicant's fax number (include area code) _____	
Date ▶ <b>2/9/07</b>			