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T. CLINE
JAN 1 0 2008
EXAMINER

1-3-06

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: First Impressions 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:
Virgilio Santana
(Name of Person)
First Impressions Transportation, LLC
(Firm/Company)
543 Flower Fields Lane
(Address)
Orlando, FL 32824
(City/State and Zip Code)
For further information concerning this matter, please call:
Paolo Longo, Jr., Esq. at (407) 999-9444 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Paolo Longo, Jr., Esq. at (407) 999-9444  (Name of Person)  (Area Code & Daytime Telephone Number) ARA ARA  Enclosed is a check for the following amount:  \$\sum_{125.00}\$ Filling Fee \$\sum_{130.00}\$ Filling Fee & \$\sum_{155.00}\$
S125.00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin
Mailing Address Street/Courier Address

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
First Impressions Transportation	)	
(Must end with the words "Limited Liability	-	

#### **ARTICLE II - Address:**

ADTICLE I Name

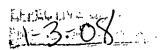
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:			
543 Flower Fields Lane Orlando, FL 32824	543 Flower Fields Lane Orlando, FL 32824			
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 region of t	Lane  ess (P.O. Box NOT acceptable)  FL			

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2



# 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 Virgilio Santana - MGRM 543 Flower Fields Lane Orlando, FL 32824 Romulo M. Umana - MGR 543 Flower Fields Lane Orlando, FL 32824 Perri J. Armstrong - MGR 543 Flower Fields Lane Orlando, FL 32824 (Use attachment if necessary)

to or 90 days after the date of filing.)

REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Virgilio Santana

**ARTICLE V:** Effective date, if other than the date of filing:  $\frac{1/3/08}{}$ 

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)