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SECRETARY OF ST

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D. BRUCE

AUG 26 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Cor			
SUBJECT: Disce	Name of Limited	Hatiability Company)	· .
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
Keist	tel Avilus	Name of Person)	
	nt Transport		
1557	JACKS Dr.	(Address)	
Tallahas	see Fl. (City/	3230/ State and Zip Code)	OS /
For further information c	oncerning this matter, please o	call:	AUG 26 RE TARY AHASSI
		at ( <u>850</u> ) <u>264</u> (Area Code & Daytime Tel	DB AUG 26 PM 12: 24 SECRE TARY OF STATE LLAHASSEE, FLORID Jephone Number)
Enclosed is a check for	r 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	Street/Courier Address Registration Section Division of Corporation Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
(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 pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1557 JACKS D Talluhasse ~ Fl 32301	1557 JACKS Dr. Tallahassee F1 32301
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the results	red Agent. You must designate an individual or another egistered agent are:
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

:4

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Men	nber .
<u>MGRM</u>	Joey Hudus 1557 JACKS Dr. Jallahassee Fl. 32301
	·
· ————————————————————————————————————	
(Use attachment if necessary	y) ·
ARTICLE V: Effective date, if other (If an effective date is listed, the openior to or 90 days after the date of	er than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days f filing.)
<u>REQUIRED</u> SIGNATURI	
, <	AHASS
•	nce with section 608.408(3), Florida Statutes, the execution
of this docu that the fa	acts stated herein are true.)
	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)