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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEACON 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:

JEFFREY S. BETROS
Name of Person

DEACON TRANSPORTATION, LLC
Firm/Company

1125 HIDEAWAY DRIVE NORTH
Address

St. Johns, FL 32259
City/State and Zip Code

JBetros14@Comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey S. Betros at (904) 230-7404
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

OF

Deacon Transportation, LLC

The undersigned subscriber to these Articles of Organization, being a natural person competent to contract, hereby forms a Limited Liability Company for profit under the laws of the State of Florida.

ARTICLE I – NAME

The name of this organization shall be:
Deacon Transportation, LLC

ARTICLE II – INITIAL PRINCIPAL OFFICE

1125 Hideaway Drive North
St. Johns, FL 32259

ARTICLE III – REGISTERED AGENT

Jeffrey S. Betros
1125 Hideaway Drive North
St. Johns, FL 32259

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

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ARTICLE IV – MANAGER(S)

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

Title:

Name and Address:

Manager

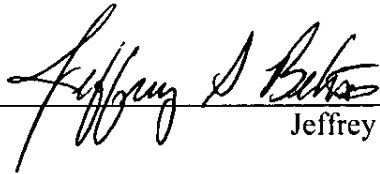
Jeffrey S. Betros
1125 Hideaway Drive North
St. Johns, FL 32259

Manager

Michael L. Parker
1382 Mallard Landing Blvd North
St. Johns, FL 32259

ARTICLE V – EFFECTIVE DATE

The effective date is the date of filing.



Jeffrey S. Betros

(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 state herein are true.)

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