

LI 0000036922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

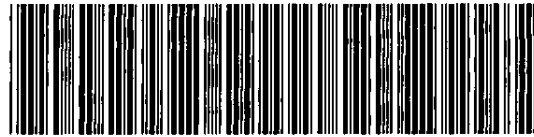
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500173088545

04/06/10--01010--010 \*\*100.00

03/25/10--01008--004 \*\*25.00

FILED  
10 APR -6 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O'Connell APR - 6 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2010

JOEL MATTHEW BRECKELS  
262 PIMA TRAIL  
GROVELAND, FL 34736

SUBJECT: GO TRANSPORT LLC  
Ref. Number: L04000016346

We have received your document for GO TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot file an Amendment to this company name due to a Voluntary dissolution which was filed on 4/11/05.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 410A00007506

*4/11/10 mailing Art  
w/ 100.00 check*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROCESS FOR PROGRESS 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:

JOEL M. BRECKELS

Name of Person

PROCESS FOR PROGRESS LLC

Firm/Company

262 PIMA TRAIL

Address

GROVELAND FL 34736

City/State and Zip Code

jbreckels@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL M. BRECKELS

Name of Person

at ( 352 ) 219-6479

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

\$25 PREP. SUBMITTED

☐ \$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:

PROCESS FOR PROGRESS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

#### Mailing Address:

262 PIMA TRAIL

GROVELAND FL 34736

→

SAME

### 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:

JOEL M. BRECKELS

Name

262 PIMA TRAIL

Florida street address (P.O. Box **NOT** acceptable)

GROVELAND FL 34736

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

JMB

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

MGRM

**Name and Address:**

JOEL M. BRECKELS

262 PIMA TRAIL

GROVELAND FL 34736

(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:**

JOEL M. BRECKELS

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.)

JOEL M. BRECKELS

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)**

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