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C. LEWIS

APR 8 2010

EXAMINER

## COVER LETTER

**Registration Section** 

**Division of Corporations** TAB TRANSPORT, LLC. SUBJECT: 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: JUNIOR TOUSSAINT Name of Person Firm/Company 4570 N.W. 18TH AVE Address DEERFIELD, FLORIDA 33064 City/State and Zip Code JU-BI-1020@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUNIOR TOUSSAINT 977 - 1591 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **□**\$125.00 Filing Fee ■\$130.00 Filing Fee & ■\$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
TAB TRANSPORT, 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:	
4570 N.W. 18TH AVE	4570 N.W. 18TH AVE	
DEERFIELD, FLORIDA 33064	DEERFIELD, FLORIDA 33064	
(The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)  The name and the Florida street address of the company cannot serve as its over business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature:  vn Registered Agent. You must designate an individual or another  of the registered agent are:	
	Name - T	
Florida si	treet address (P.O. Box NOT acceptable)  FL 33064  City, State, and Zip	
liability company at the place designal registered agent and agree to act in this c statutes relating to the proper and compaccept the obligations of my position of the control of the co	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all polete performance of my duties, and I am familiar with and as revisitered agent as provided for in Chapter 608, F.S	

(CONTINUED)
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tte: 1(TR" = Manager 1GRM" = Managing Memi	or Managing Member(s):  h Manager or Managing Member is as follows: LAHASSEE.  Name and Address:
MGR	JUNIOR TOUSSAINT
	4570 N.W. 18TH AVE
	DEERFIELD, FLORIDA, 33064
MGRM	NICOLAS AMISIAL
	100 ECHO COURT
	PALM BAY, FLORIDA 32909
MGRM	JEAN SHOISERE BASTIEN
	1508 TELFORD SPRING DR.
	SUN CITY, FLORIDA, 33573

ARTICLE V: Effective date, if other than the date of filing: 194-02-2010 . (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.)

JUNIOR TOUSSAINT 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)