

L10000039028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

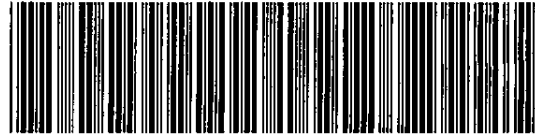
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/10--01024--015 **160.00
Effective Date 05/01/10

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10 APR -9 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR 12 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: KarriKom Transportation, L.L.C.

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:

Brandi N. Davis

Name of Person

KarriKom Transportation, L.L.C.

Firm/Company

P.O. Box 92673

Address

Lakeland, Florida 33804-2673

City/State and Zip Code

KarriKom@yahoo.com

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

For further information concerning this matter, please call:

Brandi N. Davis

Name of Person

at (863) 683-7181

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KarriKom Transportation, L.L.C.

(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:

KarriKom Transportation, L.L.C.

830 N. Wabash Ave.

Lakeland, FL. 33815

Mailing Address:

KarriKom Transportation, L.L.C.

P.O. Box 92673

Lakeland, FL. 33804-2673

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.)

Effective Date 05/01/10

The name and the Florida street address of the registered agent are:

Brandi N. Davis

Name

4649 Pecan Drive

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

Lakeland

FL 33810

City, State, and Zip

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)

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

Name and Address:

MGRM

Trevor Davis

3615 Victoria Manor Drive Apt. 207

Lakeland, FL. 33805

MGRM

Lloy Bryant

3615 Victoria Manor Drive

Lakeland, FL. 33805

MGR

Randulf Farrior

6437 Beechnut Drive

Lakeland, FL. 33813

MGR

Brandi Davis

4649 Pecan Drive

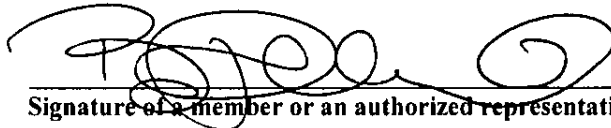
Lakeland, FL. 33810

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 1, 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.)

Brandi N. Davis

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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