

40000041500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

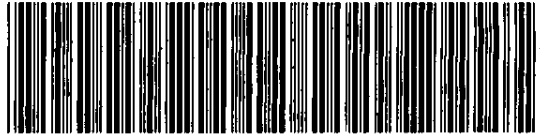
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900175363029

04/16/10--01023--014 \*\*125.00

FILED  
10 APR 16 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 19 2010

EXAMINER

EFFECTIVE DATE 4/13/10

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Express Courier by Thomas L. Ross**  
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:

Thomas Lee Ross

Name of Person

Express Courier by Thomas L. Ross

Firm/Company

1020 Ridgegreen Loop North

Address

Lakeland, FL 33809

City/State and Zip Code

Tommyss40@Hotmail.com

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

For further information concerning this matter, please call:

Thomas L. Ross

Name of Person

at ( 863 )

430-1331

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
10 APR 16 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Express Courier by Thomas L. Ross 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:

1020 Ridgeween Loop North

Lakeland, FL 33809

### Mailing Address:

1020 Ridgeween Loop North

Lakeland, FL 33809

## 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:

Thomas Lee Ross

Name

1020 Ridgeween Loop North

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

Lakeland

FL 33809

City, State, and Zip

FILED  
10 APR 16 PM 1:07  
SECRETARY OF STATE  
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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 4/13/10

**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

MGR

**Name and Address:**

38-3811953 - Please update Tax I.D #

Thomas Lee Ross

1020 Ridgewood Loop North

Lakeland, FL 33809

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 13th 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.)

Thomas Lee Ross

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)**

**FILED**  
**10 APR 16 PM 1:07**  
CLERK OF STATE  
TALLAHASSEE, FLORIDA