# L10000072973

(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



200182944292

07/09/10--01010--026 \*\*125.00

DIVISION OF CORPORATIONS

10 JUL -9 AN ID: 4:8

T. HAMPTON
JUL 1 2 2010
EXAMINER

# **COVER LETTER**

۲.

TO: Registration Division of C			
SUBJECT: J.R	Name of Limit	rt of Central ed Liability Company	Florida L.L.
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	SOSUE C C	Name of Person	
J.R.C	transport o	F Central Flo	or DA
103	50 PACK	Commons Address	D r
	Orl	FL 32832 y State and Zip Code	<u> </u>
<u>Jos</u> 4	E-mail address: (to be used to	or future annual report notification)	
For further information	concerning this matter, please	e call:	
Josue	C Colo to of Person	at (407 ) 431. O Area Code & Daytime Telep	177 Shone Number
Enclosed is a check f	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Ci Tallahassee, FL 32301	ircle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
TRC Transport of Central F  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	Lorida L.	L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L	iability Company	; is:
Principal Office Address: Mailing Address:		
10350 PACK COMMONS Dr 10350 PACK COM OCI 1=1 32832 Ori 1=1 3283	3 3 0 m o h 2 0 c	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individuality with an active Florida registration.)	s Signature:	
The name and the Florida street address of the registered agent are:		
JOSUE C COLON Name		
Florida street address (P.O. Box NOT acceptable)		
Oct FL 32832  City, State, and Zip		
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate. I hereby accept t registered agent and agree to act in this capacity. I further agree to comply wit statutes relating to the proper and complete performance of my duties, and I a	he appointment a h the provisions o	s of all

Registered Agent's Signature (REQUIRED)

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGR"	Josue C Colon 10350 PACK COMMOND PC
"MGRM"	JEKZENIA MARQUEZ - COL 14545 BROADHAVEN BLUD ORI 1:1 32828.7691
(Use attachment if necessary)	
•	e date of filing: (OPTIO
fective date is listed, the date must b	e specific and cannot be more than five business

## **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.)

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)