

L10000075041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

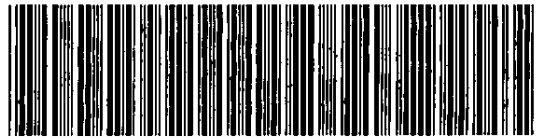
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600179961376

05/24/10--01023-016 **160.00

FILED
2010 JUL 15 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Jul, 16 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2010

YOHAN GARCIA
3382 NE 3RD DRIVE
HOMESTEAD, FL 33033

SUBJECT: PROFESSIONAL TRANSPORT SERVICES LLC.
Ref. Number: W10000025429

*Changed name to Professional
Logistics + Transport
Services,
LLC*

We have received your document for PROFESSIONAL TRANSPORT SERVICES LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 010A00013137

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Transport Services (P.T.S.) 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:

Yohan Garcia
Name of Person

Firm/Company

3382 NE 3rd Drive Homestead FL 33033.
Address

Homestead FL 33033
City/State and Zip Code

024123@yohoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deyanira Valdes at (786) 738-4436
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROFESSIONAL LOGISTICS & TRANSPORT SERVICES, LLC

() and with the words "Limited Lia 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:

3382 ne 3rd drive
Homesstead FL 33033

Mailing Address:

3382 ne 3rd drive
Homesstead FL 33033

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:

Yohan Gaccia
Name

3382 ne 3rd drive
Florida street address (P.O. Box **NOT** acceptable)

Homesstead FL 33033
City, State, and Zip

FILED
2010 JUL 15 PM 12:59
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)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

2010 JUL 15 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Yohan Gaccia

3382 ne 3rd drive

Homestead FL 33083

MGRM

Nereyda Gutierrez

3352 ne 3rd drive

Homestead FL 33083

(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:


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.)

Yohan Gaccia

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)