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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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**A. LUNT**

OCT 22 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** D. R. TRANS, 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:

ALDO OTEDA, ESQUIRE  
Name of Person

3705 N. HIXES AVE  
Firm/Company

TAMPA, FLA. 33607  
City/State and Zip Code

ALDOLAN 4502 @ AOL.COM.  
E-Mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ALDO OTEDA at ( 813 ) 877-9500  
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.

**Street/Courier Address**  
Registration Section  
Division of Corporations

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**D.R. TRANS, L.L.C.**

**ARTICLE II – ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

2903 W. Idlewild Ave  
Tampa, Florida 33614

**Mailing Address:**


2903 W. Idlewild AVE.  
Tampa, Florida 33614

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**ALDO OJEDA**  
**3705 N. HIMES AVENUE**  
**TAMPA, FLORIDA 33607**

*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 the Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (Required)

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**ARTICLE IV – Manager(s)**

The name and address of each manager or managing Member is as follows:

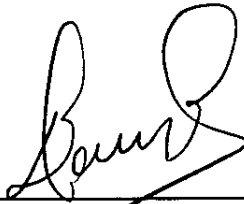
**Title:**  
MGR

**Name and Address:**  
Daniel Rangel  
2903 W. Idlewild  
Tampa, Florida 33614

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TALLAHASSEE, FLORIDA

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**REQUIRED SIGNATURE:**



**Signature of a member of an authorized 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 here are true.)

DANIEL RANGEL

Typed or printed name of signee