10000013160

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Broward A	Airport Taxi, LL			Taxi
<u> </u>	Name of Limited	Liabilit	y Company	
The enclosed Articles of Organ	nization and fee(s) are sub	bmitted	for filing.	
Please return all correspondent	ce concerning this matter	to the f	ollowing:	
Auguste J. S	aint-Vil	ame of I	Person Person	
Broward Airp				
,	F	'irm/Con	npany	
2106 N. Dixie	Highway			
		Addre	:55	
Hollywood, FL				
	-	State and	Zip Code	
airporttaxi@bells	ngil address: (to be used for	luture a	nnual report notification)
For further information concer	ming this matter, please c	all:		
Auguste J. Saint-Vil		at (954 , 651-585	55
Name of Pers		,	Area Code & Daytime 1	clophone Number
Enclosed is a check for the	followingiamount:			
	0.00 Filing Fee & Ertificate of Status	Cert	i.00 Filing Fee & iffied Copy tional capy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Dh P.C	illing Address gistration Section Asion of Corporations D. Box 6327 Iahassee, FL 32314		Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2010

AUGUSTE J. SAINT-VII 2106 N. DIXIE HIGHWAY HOLLYWOOD, FL 33020

SUBJECT: BROWARD AIRPORT TAXI, LLC D/B/A BROWARD TAXI

Ref. Number: W10000057095

We have received your document for BROWARD AIRPORT TAXI, LLC D/B/A BROWARD TAXI and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return 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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 310A00028588

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Browa	rd Airport Taxi, LLC		
	Name of Litmited Li	ability Company	
The enclosed Articles of	Organization and fee(s) are subm	rived for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
<u>Auguste</u> J			
	Nam	ne of Person	
Broward A	Alrport Taxi, LLC	•	
	Firm	п/Сонправу	
2106 N. D	ixie Highway		
		Address	
Hallywood,	FL 33020		
		te and Zip Code	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
airporttaxi@	bellsouth.net		
Por flutther intermedian c	E-mail address: (to be used for fir concerning this matter, please cal	•	
Auguste J. Saint-	Vil at	954) 651-5855	
Name o	f Person	Area Codo & Daytime Telephone Num	her
Enclosed is a check for	r the following amount:		
]\$ 125.00 Filling Fee	\$130.00 Piling Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	Filing Fee, are of Status & d Copy al copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tellahassec, FL 32301	10 DEC 27 F

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Broward Airport Taxi, LL	C	
(Most and with the words "Li	nited Liability Company, "Ll.C.," or "LLC.")	,
ARTICE II - Address:		
	of the principal office of the Limited Liability Compa	ıy is:
Principal Office Address:	Mailing Address:	
2106 N. Dixle Highway	2108 N. Dixie Highway	
Hollywood, FL 33020	Hallywood, FL 33020	

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

Auguste J.	Saint-VII
	Name
2106 N.	Dixie Highway
	Florida street address (P.O. Box NOT acceptable)
Hollywood	_{FL} 33020
	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.

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MOR" = Manager "MGRIM" = Managing Member Auguste J. Saint-VII. MGRM 2106 N. Dixle Highway Hollywood, FL 33020 (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: member again anthorized representative of a member. (In accordance with section 60#.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.) Auguste J. Saint-Vil Typed or printed name of signee

3125.00 Filing Fee for Articles of Organization and Designation

liling Fees:

of Registered Agent
5 30.00 Certificate Copy (Optional)
5 5.00 Certificate of Status (Optional)