# L11000036044

| (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: |
| L. SELLERS                              |
| MAR 25. 2011                            |
| EXAMINER                                |
| 1111-111025                             |

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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11 MAR 24 PM 12: 49

# **COVER LETTER**

| TO: Registration Section Division of Corporations                                                                                                                                                                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| SUBJECT: SHO TYME X-PRESS TRUCKING 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:                                                                                                                                                                                     |     |
| ANTHONY LEON BROWN                                                                                                                                                                                                                                            | _   |
| ·                                                                                                                                                                                                                                                             |     |
| Firm/Company                                                                                                                                                                                                                                                  | •   |
| 10760 SW 150 TER.                                                                                                                                                                                                                                             | -   |
| Address                                                                                                                                                                                                                                                       |     |
| MIAMI FL. 33176 City/State and Zip Code                                                                                                                                                                                                                       |     |
| An thony Sho tyme Quahoo. com  E-mail address: (to be used for future annual report notification)                                                                                                                                                             | _   |
| For further information concerning this matter, please call:                                                                                                                                                                                                  |     |
| Anthony L Brown at (786) 293 - 1843  Name of Person Area Code & Daytime Telephone Number                                                                                                                                                                      |     |
| Enclosed is a check for the following amount:                                                                                                                                                                                                                 |     |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} | )   |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle<br>Tallahassee, FL 32301                          |     |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2011

ANTHONY LEON BROWN 10760 SW 150 TERRACE MIAMI, FL 33176

SUBJECT: SHO TYME X-PRESS TRUCKING L.L.C.

Ref. Number: W11000014425

We have received your document for SHO TYME X-PRESS TRUCKING L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Letter Number: 511A00006159

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is:                                                                                                                                                                                                                                                                                                                                                                           |                                    |                              |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------|---------------------------|
| SHO TYME X-PRESS TRUCKING C.L.C. (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 L                                                                                                                                                                                                                                                                                                                   | iability (                         | Compa                        | any is:                   |
| Principal Office Address: Mailing Address:                                                                                                                                                                                                                                                                                                                                                                              |                                    |                              |                           |
| 10760 SW 150 TER 10760 SW 150 7<br>MIAMI, F1.33/76 MIAMI, F1. 33/3                                                                                                                                                                                                                                                                                                                                                      | ER<br>76                           | -<br>-<br>-                  |                           |
| 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 Signat<br>ridual or an           | t <b>ure:</b><br>iother      |                           |
| The name and the Florida street address of the registered agent are:                                                                                                                                                                                                                                                                                                                                                    |                                    |                              |                           |
| Carolina Young                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                              |                           |
| ' Name \( \square \)                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                              |                           |
| 16025 NW 64 AUE NOT 310  Florida street address (P.O. Box NOT acceptable)                                                                                                                                                                                                                                                                                                                                               |                                    |                              |                           |
| Miami Lakes FL 33014 City, State, and Zip                                                                                                                                                                                                                                                                                                                                                                               |                                    |                              |                           |
| 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 to registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Complete. | he appoi<br>h the pro<br>m familio | ntment<br>visions<br>ar with | t as<br>s of all<br>i and |
| Registered Agent's Signature (REQUIRED)                                                                                                                                                                                                                                                                                                                                                                                 | SECRETARY<br>TALLAHASSE            | 11 MAR 24                    | 71                        |
| (CONTINUED)                                                                                                                                                                                                                                                                                                                                                                                                             | S 70.                              | PH 12:                       | ED                        |
| Page 1 of 2                                                                                                                                                                                                                                                                                                                                                                                                             | ORIC                               | 5+1:5                        |                           |

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address:                                          |
|--------------------------------------------------------|------------------------------------------------------------|
| MGR                                                    | Anthony L. Bearn<br>10760 S. W. 150 tex.<br>Miani F1. 3376 |
| MGe                                                    | Dorothy Forestal<br>1092 DW 1158<br>Miami; Fl. 33162       |
| mcem                                                   | Juanita Davis Young                                        |
|                                                        |                                                            |
| (Use attachment if necessary)                          | e date of filing: 3-23-2011. (OPTION                       |

**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. 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 s.817.155, F.S.)

Anthony L Brown

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)