L11000048687

	<u> </u>	
(Re	equestor's Name)	
	(1)	
(Ac	ldress)	
(4)	ldress)	
(AC	iulessj	
(Cit	ty/State/Zip/Phone	#)
(\$)	.,. O.O.O	··· <i>y</i>
D DICK HD	[] MAIT	III MANI
☐ PICK-UP	WAIT	MAIL
<u></u>		
(Bu	isiness Entity Nam	e)
•		
(1)	cument Number)	
•	oument Number)	
•		
Certified Copies	Certificates	of Status
	50° 50°	
Special Instructions to	Hiling Officer:	
i		
ļ		
İ		
		ļ

Office Use Only



200202967192

94/22/11--91028--028--**160.00

TI APR 22 PH 2: 31
SELVATIVESEE, FLORIDA

B. BOSTICK APR 2 5 2011

EXAMINER

COVER LETTER •

90: Registration Section Division of Corporations	
SUBJECT: Main Street Courier, 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:	
Jordan Alexander Kramer Name of Person	
Main Street Courier Firm/Company	
501 Fairfax Ave	
Davie FL 133325 City/State and Zip Code	
Jordan 18 K. a. aol · com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jordan A. Kramer at (954) 382-0074 The Name of Person Area Code & Daytime Telephone Number REM	energe:
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}} Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building	

Tallahassee, FL 32314

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:	
Main Street Courier (Must end with the words "Limited Liabil	S , LLC . ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
501 Fairfax Ave Davie, FL 33325	501 Fairfax Ave Davie FL, 33325
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Jordan Alex Name	
501 Fair Fa Florida street add	× Ave ress (P.O. Box NOT acceptable)
	FL , 3 33 2.5 Ite, and Zip
	accept service of process for the above stated limited

Registered Agent's Signature (REQUIRED)

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:

Title: "MGR" = Manager "MGR" = Manager	Name and Address:
"MGRM" = Managing Member President	Jordan . A Kramer
√p	Jordan . A Kramer
Munager "MGR"	Jordan, A Kramer
•	e date of filing: (OPTION
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective date, if other than the fective date is listed, the date must be	e date of filing:
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	Perform an authorized representative of a member?
LE V: Effective date, if other than the fective date is listed, the date must he days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under lam aware that any false information.)	pe specific and cannot be more than five business d
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a membor constitutes an affirmation under I am aware that any false infor constitutes a third degree felories.	ever an authorized representative of a member 18.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated heremation submitted in a document to the Department of State
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	ever an authorized representative of a member 18.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated heremare true mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must he days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felon	ever an authorized representative of a member of the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) A. Kramer yped or printed name of signee