11000064713

Hector L. Carcia	
(Requestor's Name)	
68 Doiset Dr. (Address)	
(Address)	
Kissimmer, FL. 34158	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
Al Sunshine State Transportation	, LLC.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	,•
Special instructions to Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALL AHASSEE, FEORID

J. SAULSBERRY EXAMINER

JUN 2 2011

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: A-1 SUNSHINE STATE TRANSPORTATION 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:

HECTOR L. GARCIA	
Name of Person	
A-1 SUNSHINE STATE TRANSPORTATION LLC	
Firm/Company	
68 DORSET DR	
Address	_
KISSIMMEE, FLORIDA 34758	NOC 1102
City/State and Zip Code	=
SUNSHINESTATETRA@AOL.COM	} <u> </u>
E-mail address: (to be used for future annual report notification)	P. P.
For further information concerning this matter, please call:	,
HECTOR L. GARCIA at (1-888) 437-2826	1:34
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certified Copy} \text{Certified Copy (additional copy is enclosed)} \text{\$\subset\$Certified Copy (additional copy is enclosed)} \text{\$\subset\$Certified Copy (additional copy is enclosed)}	&
Mailing Address Street/Courier Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A-1 SUNSHINE STATE TRANSPORTATION LLC.

(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 Liability Company is:

Principal Office Address:	Mailing Address:	
68 DORSET DR KISSIMMEE,FLORIDA,34758	68 DORSET DR KISSIMMEE FLORIDA,34758	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own		r another
business entity with an active Florida registration.) The name and the Florida street address of	Σ	IUN - I P
HECTOR L. GARO	Name -	
68 DORSET	DR §	PH 1: 34 FINANCE
Florida str	rect address (P.O. Box NOT acceptable)	
KISSIMMEE	_{FL} 34758	
C	ity, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

4-5

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MOIOW - Winnaging Member	1
MGR	HECTOR L. GARCIA
	68 DORSET DR
	KISSIMMEE,FLORIDA 34758
,	
•	
(Use attachment if necessary)	
(000	
CLE V: Effective date, if other the	an the date of filing: (OPTIONAL)
	oust be specific and cannot be more than five business days prior
0 days after the date of filing.)	
	· ·
REQUIRED SIGNATURE:	7 Z
MOAGUAD DIGITAL OFFICE	-/ / / Fg =
	AHASSI NO.
Signature of a p	AHASSA AHASSA TO THE PROPERTY OF A MEMber.
(In accordance with secti	ndember or an authorized representative of a member.
(In accordance with section constitutes an affirmation	member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

HECTOR L. GARCIA

Typed or printed name of signee