## 111000109686

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | idress)            | <u> </u>    |
| (Ac                     | ldress)            |             |
| (Ci                     | ty/State/Zip/Phone | <i>⇒</i> #) |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nan | ne)         |
|                         |                    |             |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to |                    |             |
| ARX3                    | lele2-16           | ¥0          |

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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

SEP 26 2011

## **COVER LETTER**

| Division of Corporations  |   |   |
|---|---|---|
| SUBJECT: L&E Transport "LLC"  |   |   |
|   | ed Liability Company  |   |
| The enclosed Articles of Organization and fee(s) are  | submitted for filing.   |   |
| Please return all correspondence concerning this matt   | er to the following:  |   |
| James Bennett   |   |   |
|   | Name of Person  |   |
| L&E Transport "LLC"   |   |   |
|   | Firm/Company  | SE(   |
| 232 Ball Park Ave   |   | SECRETARY<br>ALLAHASSE  |
|   | Address   | 26<br>888<br>888  |
| Soffnor El 22594  |   | 26 AM 9 ASSEE, FLO  |
| Seffner, Fl 33584   | /State and Zip Code   |   |
| 1_eTRANSPORT.LL<br>E-mail address: (to be used f  | LII @ YAKOO.  | AM 9: 30 FEE. FLORIDA   |
| E-mail address: (to be used f   | or future annual report notification)   |   |
| For further information concerning this matter, please  |   |   |
| James Bennett   | at (813 ) 220-0785  |   |
| Name of Person  | Area Code & Daytime Telep   | ohone Number  |
| Enclosed is a check for the following amount:   |   |   |
| \$125.00 Filing Fee \$\times 130.00 Filing Fee \$\times \text{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. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 |   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| of the principal office of the Limited Liability Company is:   |
|--|
| Mailing Address:   |
| 232 Ball Park Ave<br>Seffner, FI 33584   |
|  |
| ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: |
| wn Registered Agent. You must designate an individual or another   |
| wn Registered Agent. You must designate an individual or another   |
|  |

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

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

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

| MGR                                     | Leon Lobban 30215 Emmetts CT |                   |
|---|------------------------------|-------------------|
|   | Westley Chapel, FI 33543     |                   |
| MGRM                                    | James Bennett                |                   |
| · · · · · · · · · · · · · · · · · · ·   | 232 Ball Park Ave            | <u> </u>          |
|   | Seffner, FI 33584            | <u>£8</u>         |
|   | ·                            | CRETARY<br>AHASSE |
|   |                              | <u> </u>          |
|   |                              | <u> </u>          |
| •                                       | <del></del>                  |                   |
|   |                              | - CO              |
| <del></del>                             | ·                            |                   |
|   |                              |                   |
| (Use attachment if necessary            | v)                           |                   |
| ( = = = = = = = = = = = = = = = = = = = | r than the date of filing:   |                   |

**REQUIRED SIGNATURE:** 

Signature of a member of 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.)

James Bennett

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)