

# L11000116365

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000245590 3)))



H11000245590ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: agillrup@aol.com

FLORIDA LIMITED LIABILITY CO.  
Clear Lane Transportation LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

11 OCT 11 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
11 OCT 11 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000245590

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Clear Lane Transportation LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4195 Clearwater Lane

Jacksonville, FL 32223

Mailing Address:

4195 Clearwater Lane

Jacksonville, FL 32223

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Shaun C. Harper

Name

4195 Clearwater Lane

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Jacksonville, FL 32223

(City / State / Zip)

FILED  
11 OCT 11 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 - Shaun C. Harper

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

H11000245590

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

**Title:**

**Name and Address:**

"MGR" = Manager


"MGRM" = Managing Member

MGRM

Ashley K. Harper - 4195 Clearwater Lane, Jacksonville, FL 32223

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
Signature of a member or 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. )

Ashley K. Harper

Typed or printed name of signee

FILED  
11 OCT 11 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA