

L12000014825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

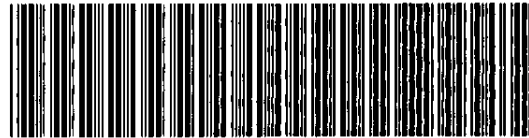
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/12/12--01009--029 **25.00

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01/30/12--01035--025 **55.00

FILED
2012 JAN 30 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12-2484

J. BRYAN

FEB - 1 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2012

DIANNE HOLDER
HIGH TECHNOLOGY TRANSPORTATION LLC
450-106 STATE RD 13 N SUITE 126
JACKSONVILLE, FL 32259

SUBJECT: HIGH TECHNOLOGY TRANSPORTATION LLC
Ref. Number: W12000002484

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SECRETARY OF STATE

We have received your document for HIGH TECHNOLOGY TRANSPORTATION LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$50.00.

Looks like you are trying to register a Limited Liability Company, but sent Conversion form & General Partnership form,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 712A00000953

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGH TECHNOLOGY 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:

DIANNE HOLDER
Name of Person

HIGH TECHNOLOGY TRANSPORTATION LLC
Firm/Company

450-106 STATE RD. 13 N SUITE 106
Address

JACKSONVILLE FL 32259
City/State and Zip Code

DIANNE.HOLDER@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANNE HOLDER at (904) 619-0808
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & 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 Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HIGH TECHNOLOGY 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:

450-106 STATE RD 13 N
SUITE 126
JACKSONVILLE, FL 32259

Mailing Address:

450-106 STATE RD 13 N
SUITE 126
JACKSONVILLE, FL 32259

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DIANNE HOLDER
Name
450-106 STATE RD. 13 N SUITE 126
Florida street address (P.O. Box NOT acceptable)
JACKSONVILLE FL 32259
City, State, and Zip

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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..

Dianne Holder
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

mgrm

DIANNE HOLDER
450-106 STATE RD. 13 N, SUITE 126
JACKSONVILLE, FL 32259

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

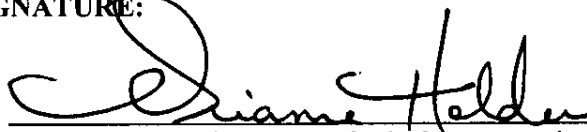
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

DIANNE HOLDER

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)