# 12000053099

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
	_			
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
		•		
Special Instructions to	Filing Officer:			
Special Instructions to Filing Officer:				

Office Use Only



700229367627

04/18/12--01020--015 \*\*15.00 04/18/12--01020--016 \*\*110.00

ZBIZ FR 18 AM II: 13
SECRETARY OF STATE
ALLAHASSEE, FRORIDA

T. CLINE APR 1 9 2012

EXAMINER

# **COVER LETTER**

TO: Registration Division of C			
SUBJECT: LEON	NID TRANSPORT	ATION LLC	
50 B C C C C C C C C C C C C C C C C C C	Name of Limite	d Liability Company	<del></del>
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
LEONID	BYLINA		
		Name of Person	
LEONID	TRANSPORTATI	ON LLC	
		Firm/Company	
518 NOF	RTH FEDERAL HW	/Y UNIT 14	
<del></del>		Address	
I AKE WO	RTH, FL 33460		
LAKE WO		//State and Zip Code	
	E mail address: (to be used for	or future annual report notification)	
			<b>:=t</b>
For further information	concerning this matter, please	caii:	ALL SEC
LEONID BYLIN	Α	at ( 561 ) 797-8734	ARR T
Name	e of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check t	for the following amount:		MON TO THE
]\$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	Street/Courier Address Registration Section Division of Corporations Clifton Building	S

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## LEONID 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:
LEONID BYLINA 518 NORTH FEDERAL HWY UNIT 14	LEONID BYLINA 518 NORTH FEDERAL HWY UNIT 14
LAKE WORTH, FL 33460	LAKE WORTH, FL 33460

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Siggratures (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:

**LEONID BYLINA** 

Name

518 NORTH FEDERAL HWY UNIT 14

Florida street address (P.O. Box NOT acceptable)

LAKE WORTH

FL 33460

City, 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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	LEONID BYLINA
	518 NORTH FEDERAL HWY UNIT 14 LAKE WORTH, FL 33460
	LAKE WORTH, TE 30400
, · · ·	
<del></del>	
effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
MEQUINED SIGNATURE.	7
	- Z <b>2</b>
Signature of a memb	per or an authorized representative of a member.
(In accordance with section 60	
constitutes an affirmation under	8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein and the company that th
I am aware that any false infor	er the penalties of perjury that the facts stated herein after the.
I am aware that any false infor constitutes a third degree felon	er the penalties of perjury that the facts stated herein affice.  mation submitted in a document to the Department of thate my as provided for in s.817.155, F.S.)
I am aware that any false infor constitutes a third degree felon	er the penalties of perjury that the facts stated herein afficie. commation submitted in a document to the Department of state by as provided for in s.817.155, F.S.)

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)