

L-2000 152803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

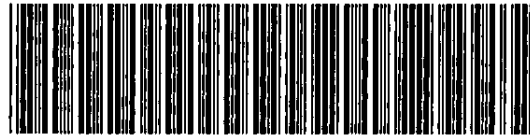
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

DEC - 6 2012

EXAMINER



600242408756

12/05/12--01018--003 **155.00

FILED
12 DEC - 5 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Alan J. Rome
John P. Clifford, Jr. *
Steven L. Katz **
Allan W. Koerner



Rome Clifford Katz
& Koerner, LLP
ATTORNEYS AT LAW

214 Main Street
Hartford, CT 06106
Tel 860.527.7044
Fax 860.527.4968
www.rckklaw.com

Wendy J. Davies
Joel M. Ellis
John J. Robacynski
Elizabeth A. Strole
Nathan M. Mayhew **

* Also admitted in Florida

** Also admitted in Massachusetts

December 4, 2012
File No. 4260-057

FILED
12 DEC -5 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Via Federal Express, Overnight Delivery

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

Re: SD Transportation FL, LLC

Dear Sir or Madam:

Enclosed herein for filing are the following documents with reference to the above entity:

1. Cover Letter,
2. Articles of Organization for a Florida Limited Liability Company, and
3. A check in the amount of \$155.00 for the filing fee and certified copy.

I have also included a copy of the filing. Kindly return the certified copy to Attorney Elizabeth Strole in the overnight envelope provided.

Also, Attorney Strole confirmed with the Division of Corporations that it is okay that the Registered Agent signature is not an original, as long as it is legible.

Division of Corporations
Page 2 of 2

December 4, 2012

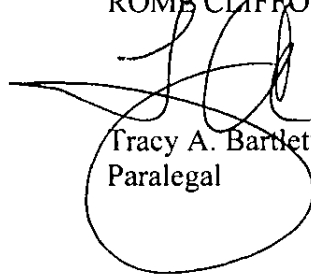
FILED
12 DEC -5 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If you have questions, please feel free to contact me.

Thank you.

Sincerely,

ROME CLIFFORD KATZ & KOERNER, LLP


Tracy A. Bartlett
Paralegal

/tab
Enclosures (4)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SD TRANSPORTATION FL, 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:

Elizabeth A. Strole

Name of Person

Rome Clifford Katz & Koerner, LLP

Firm/Company

214 Main Street

Address

Hartford CT 06106

City/State and Zip Code

estrole@rckklaw.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth A. Strole

Name of Person

at (860) 527-7044

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

FILED
12 DEC -5 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 DEC -5 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SD TRANSPORTATION FL, 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:

3801 Collins Ave

Apartment 905

Miami Florida 33140

Mailing Address:

3801 Collins Ave

Apartment 905

Miami Florida 33140

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:

Incorp Services, Inc.

Name

17888 67th Court North

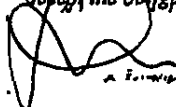
Florida street address (P.O. Box NOT acceptable)

Loxahatchee

FL 33470

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.

 Robert L. Davis on behalf of Incorp Services, Inc.
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

STEPHEN A. DIMARCO
3801 COLLINS AVE
APARTMENT 905
MIAMI FLORIDA 33140

(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 608.405(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.)

ELIZABETH A. STROLE

Typed or printed name of signer

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)