L13000018164

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Maine)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2013 FFR - L AM IO: 46

C. LEWIS

FEB - 5 2013

EXAMINER

(850) 245-6051

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Transportation 4 Less, 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:

Juan Evans

Name of Person

TRANSPORTATION4LESS,LLC

Firm/Company

10321 Piedmont Rd

Address

Jacksonville, FL 32218

City/State and Zip Code

transportation4less@aol.com

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

For further information concerning this matter, please call:

Juan Evans

..904

476-4818

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	l Liability Company is:		
The name of the Limited	Liability Company is.		
Transportation 4 Less LLC.			
(Must end	with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address	s:		
The mailing address and	street address of the pr	incipal office of the Limited Liabili	ty Company is:
Principal Office Addre	ss:	Mailing Address:	
10321 Piedmont Rd		10321 Piedmont Rd	
Jacksonville, Fl 32218		Jacksonville, Fl 32218	
			
		Office, & Registered Agent's Sig ered Agent. You must designate an individual of	
business entity with an active F	lorida registration.)	•	SI DIVIE 2013
The name and the Florid	a street address of the r	egistered agent are:	ECRET SION (
Juan	Evans		, HZ-
	Name		COR
1032 ⁻	1 Pledmont Rd		RY OF STA. CORPORATI
	Florida street add	ress (P.O. Box NOT acceptable)	STATE HID: 46
Jack	sonville, Fl 32218	FL.	5
	City, Sta	ate, 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

<u> Fitle:</u>	er(s) or Managing Member(s): f each Manager or Managing Member is as follows: Name and Address:
'MGR" = Manager	Name and Address.
"MGRM" = Managing I	
MGR	Juan Evans
	10321 Piedmont Rd
	Jacksonville, FI 32218
MGRM	Sabrina Willis
	10321 Piedmont Rd
	Jacksonville, Fl 32218
•	
Use attachment if neces	ssary)
LE V: Effective date, if fective date is listed, to or 90 days after the da	other than the date of filing: February 1, 2013 . (OPTION he date must be specific and cannot be more than five business of filing.)
fective date is listed, to 90 days after the da	other than the date of filing: February 1, 2013 Note that the date of filing: February 1, 2013 OPTION The date must be specific and cannot be more than five busing the of filing.) URE:
LE V: Effective date, if fective date is listed, to 90 days after the date of	other than the date of filing: February 1, 2013 he date must be specific and cannot be more than five busing the of filing.) URE: ure of a member or an authorized representative of a member.
LE V: Effective date, if fective date is listed, to 90 days after the date is listed. The date is listed in the date is listed. The date is listed in accordance constitutes an a I am aware that	other than the date of filing: February 1, 2013 Note that the date of filing: February 1, 2013 OPTION The date must be specific and cannot be more than five busing the of filing.) URE:

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)