

L13000024571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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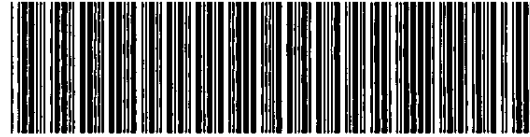
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB -1 AM 8:34

FEB 18 2013

5699-3-6695

(850) 245-6051.

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **C.B. Bowen Transport 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:

**Crystal Bowen**

Name of Person

Firm/Company

**233 East Pisa Place**

Address

**St. Augustine, FL 32084**

City/State and Zip Code

**cbbowentransport@ymail.com**

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

For further information concerning this matter, please call:

**Crystal Bowen**

Name of Person

**904**

at

**612-5545**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 FEB 15 AM 6:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 4, 2013

CRYSTAL BOWEN  
233 W PISA PLACE  
ST AUGUSTINE, FL 32084

SUBJECT: C.B. BOWEN TRANSPORT LLC  
Ref. Number: W13000006675

We have received your document for C.B. BOWEN TRANSPORT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by the name of SCINE & SCINE, CPA'S. The name of the registered agent must be the same as listed on our database for the corporation/fictitious name listed.,

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 713A00002652

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

C.B. Bowen Transport L.L.C.

(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:

233 East Pisa Place  
St. Augustine, FL 32084

#### Mailing Address:

233 East Pisa Place  
St. Augustine, FL 32084

### 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:

Michael Scine, CPA, MST

Name

3275 U.S. 1 South

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

St. Augustine FL 32086

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)

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**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

Bred Avery Bowen

233 East Pina Place

St. Augustine, FL 32084

MGRM

Crystal Dawn Bowen

233 East Pina Place

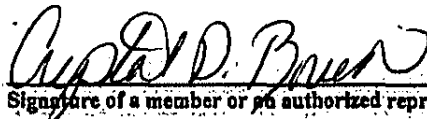
St. Augustine, FL 32084

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 1, 2013 (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.)

Crystal Dawn Bowen

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)

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STATE DEPT OF STATE  
DIVISION OF CORPORATIONS