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Office Use Only



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13 MAR -8 PH I2: 05
SECRETARY OF STATE
ALL ARE SSEE FLORIO.

## COVER LETTER

TO:	Registration S Division of Co	orporations		
•				
SUBJE	CT:	OP SELECTION TRANSP	ORT, LLC.	
		Name of Limit	ed Liability Company	
The enc	losed Articles o	of Organization and fee(s) are	submitted for filing.	
Please r	eturn all corresp	pondence concerning this matt	er to the following:	
	Bı	ridgette Agee		
			Name of Person	
-			Firm/Company	
	4	113 Hancock Avenue,	Southeast	
•			Address	
	La	akeland, FL. 33812		
		Ci	ty/State and Zip Code	
_	ma	zbridagee@aol.com		
	en jora nag in	E-mail address: (to be used	for future annual report notification)	
For furt		concerning this matter, please		
	Ві	ridgette Agee	at ( 863)529-3864	·
	Name	of Person	Area Code & Daytime Telep	hone Number
Enclos	ed is a check f	or the following amount:		
<b>D\$</b> 125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certificate of Status &
		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 Ci Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TOP SELECTION TRA	· · · · · · · · · · · · · · · · · · ·
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4113 Hancock Avenue Southeast	4113 Hancock Avenue Southeast
Lakeland, FL. 33812	Lakeland, FL. 33812
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ed Agent. You must designate an individual or another
Donald Windham	
Name	
3419 Justin David	Court
24/5 202011 50710	ess (P.O. Box NOT acceptable)
	233 (1.0. Box 101 acceptable)
	FL 33810
Florida street addre	FL 33810

Registered Agent's Signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

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SECRETARY OF STATE

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

K . . .

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Men	mber
MGRM	Demetrius L. Windham
	3419 Justin David Court Lakeland, FL. 33810
	Lakeland, FL. 33010
MGRM	Bridgette Agee
	4113 Hancock Avenue Southeast
	Lakeland, FL 33812
	-
(Use attachment if necessar	ry)
CLE V: Effective date, if oth	ner than the date of filing: (OPTIONAL
	date must be specific and cannot be more than five business
o or 90 days after the date o	of filing.)
	vr.
REQUIRED SIGNATUR	
REQUIRED SIGNATUR	L.
REQUIRED SIGNATUR	
Ba	idaal 12/01
Ba	

(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.)

Bridgette Agee
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)