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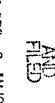


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K. SALY EXAMINER SEP - 9 2013

### **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

NOW 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:

# Tony H. Harris

Name of Person

Now Auto, LLC

Firm/Company

196 Spring Gate Walk

Address

Tallahassee, FL 32312

City/State and Zip Code

nowtransport@comcast.net

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

For further information concerning this matter, please call:

Tony H. Harris

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:	FET	46-3581706
The name of the Limited Liability Company is:	102	46-3581700
NOW Transport, LLC		
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
196 Spring Gate Walk	196 Spring Gate Walk	
Tallahassee, FL 32317	Tallahassee, FL 32317	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations business entity with an active Florida registration.)  The name and the Florida street address of the I  J. Suzanne Harris	tered Agent. You must designate an i	individual or another
Name		-9 ASSEE
211 S. Gadsden Street		AH 10: 49
Florida street ad	dress (P.O. Box NOT acceptable	
Tallahassee, FL 32301	FL	<b>≱</b> m ⊕
City, St	ate, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as re	this certificate, I hereby acce city. I further agree to compl te performance of my duties,	ept the appointment as ly with the provisions of and I am familiar with

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing M	om har
MORINI — Managing M	Miloci
MGR	Tony H. Hamis
	196 Spring Gate Walk
	Tallahassee, FL 32317
<del></del>	
(Use attachment if necess	ary)
CI E V. Effective data if o	ther than the date of filing: (OPTIONAL)
effective date is listed the	e date must be specific and cannot be more than five business
to or 90 days after the date	
	,
REQUIRED SIGNATU	RE: A
(	LLAA A
Signatur	e of a member or an authorized representative of a member.
_	
(In accordance w	th section 608.408(3), Florida Statutes, the execution of this document rmation under the penalties of perjury that the facts stated herein are true.
I am aware that a	ny false information submitted in a document to the Department of State
	degree felony 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)

Tony H. Harris

Typed or printed name of signee