

L13000/38/20

(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:

OCT - 1 2013

A. LUNT

W13-509264

Office Use Only



600251479476

09/10/13--01008--010 **125.00

FILED
2013 SEP 25 AM 10 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2013

DERRICK A. WILLIAMS, SR.
P.O. BOX 442084
JACKSONVILLE, FL 32222

SUBJECT: REDEEMING THE TIME TRANSPORT LLC
Ref. Number: W13000050964

We have received your document for REDEEMING THE TIME TRANSPORT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 013A00021641

2013 SEP 25 AM 10 36
FILED

FILED

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Redeeming The Time Transport

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:

Derrick A. Williams, Sr.

Name of Person

Redeeming The Time Transport, LLC

Firm/Company

P.O. Box 442084

Address

Jacksonville, FL 32222

City/State and Zip Code

redeemingbusiness@gmail.com

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

For further information concerning this matter, please call:

Derrick A. Williams, Sr. at 706 675-5354

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
2013 SEP 25 AM 10:36
TALLAHASSEE, FL 32301
STATE OF FLORIDA
REGISTRATION SECTION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Redeeming The Time Transport, 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:

8171 Dunbarton Court

Jacksonville, FL 32244

Mailing Address:

P.O. Box 442084

Jacksonville, FL 32222

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:

Derrick A. Williams, Sr.

Name

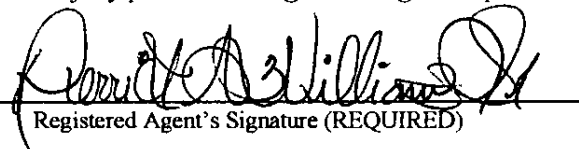
8171 Dunbarton Court

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

Jacksonville, FL 32244

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)

FILED
2013 SEP 25 AM 10:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

MGR _____

Derrick A. Williams, Sr. _____

P.O. Box 442084 _____

Jacksonville, FL 32222 _____

(Use attachment if necessary)

2013 SEP 25 AM 10 36
FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: September 6, 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.)

Derrick A. Williams, Sr. _____

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)