

L14000016527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

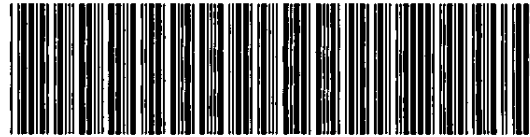
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800255284588

Effective Date

1/27/14

01/21/14--01030--012 \*\*ISSUED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 21 AM 9:17

1/30  
(Signature)

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AAA Taxi And Shuttle  
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:

Viola M. Culver  
Name of Person

AAA Taxi And Shuttle  
Firm/Company

3110 Debra Blvd  
Address

Panama City, Florida 32405  
City/State and Zip Code

AAATAXI.NShuttle@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry Culver  
Name of Person

at ( 850 ) 630 2321  
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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Effective Date 1/27/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AAA TAXI And Shuttle LLC.

(Must end with the words "Limited Liability Company, "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3110 Debra Blvd  
Panama City, FL 32405

Mailing Address:

3110 Debra Blvd  
~~Panama City, FL 32405~~  
Panama City, FL 32405

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:

Barry Culver

Name

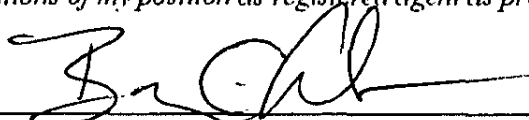
3110 Debra Blvd

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

Panama City FL 32405

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 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

MGR

Name and Address:

Viola M.  
~~Barry C.~~ Culver

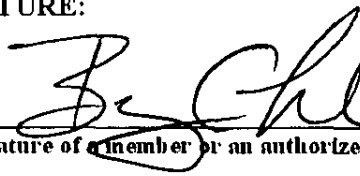
3110 Debra Blvd Panama City, FL 32405

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** Jan. 27, 2014 (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 605, 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.)

Barry C. Culver

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)