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| PICK-UP | ☐ WAIT | MAIL. |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
TALLAHASSEE FROM

MAR 1 8 2014 S. YOUNG

COVER LETTER

| Registration Section Division of Corporations | | |
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| ECT: Certified Transporting LLC | mited Liability Company | |
| realite of Est | mica Elabinty Company | 三三 三 |
| closed Articles of Organization and fee(s) a | re submitted for filing. | CRETY LANA |
| return all correspondence concerning this m | natter to the following: | SSEE OF F |
| Keon Brown | | |
| NOON Brown | Name of Person | 27 c |
| Certified Transpor | ting LLC | |
| | Firm/Company | |
| 5411 Southwest 37th Street | | |
| | Address | |
| Wast Bark El 33023 | | |
| West Falk, FL 33023 | City/State and Zip Code | |
| milliondollaprosec | +11 Damail.com | |
| E-mail address: (to be use | d for future annual report notifica | ation) |
| ther information concerning this matter, ple | ase call: | |
| Brown at (| 754) 244-3378 | |
| Name of Person | Area Code Daytime Te | lephone Number |
| | | |
| ed is a check for the following amount: | | |
| 00 Filing Fee \$\sqrt{130.00 Filing Fee & Certificate of Status} | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mattina Addison | Street/Courter Add | |
| | Registration Section | russ |
| Division of Corporations | Division of Corpora | tions |
| | | ter Circle |
| | Division of Corporations ECT: Certified Transporting, LLC Name of Lin closed Articles of Organization and fee(s) a return all correspondence concerning this m Keon Brown Certified Transporting this m Keon Brown 5411 Southwest 37th Street West Park, FL 33023 Certificate of Status Mailing Address Registration Section | CCT: Certified Transporting, LLC Name of Limited Liability Company closed Articles of Organization and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Keon Brown Name of Person Certified Transporting, LLC Firm/Company 5411 Southwest 37th Street Address West Park, FL 33023 City/State and Zip Code milliondellaprojec+11 Damail.com E-mail address: (to be used for future annual report notification information concerning this matter, please call: Brown Name of Person at (754) 244-3378 Name of Person Area Code Daytime Te ed is a check for the following amount: 10 Filing Fee Certificate of Status Mailing Address Registration Section Division of Corporations P.O. Box 6327 City/State and Zip Code City/State and Zip Code Mailing Address Certificate of Status Street/Courier Add Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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| ARTICLES OF ORGANIZATION FOR FLA | ORDA LIMITED LIABILITY COMPANY |
|---|---|
| ARTICLE I - Name: The name of the Limited Liability Company is: | |
| Certified Transporting, LLC | |
| (Must end with the words "Limited L | ability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office. | ce of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 5411 Southwest 37th Street | 5411 Southwest 37th Street |
| West Park, FL 33023 | West Park, FL 33023 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered ag | egistered Agent. You must designate an individual or |
| | sen are. |
| Keon Brown Name | |
| 5411 Southwest 37th Street Florida street address (P.O. Box N | OT acceptable) |
| West Park | FL 33023 |
| City | Zip |
| the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig | ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S |
| | ₹s ₹ |
| (CONTINUE) | |
| Page 1 of 2 | FILED AND STATE AND SEE, FLORISA |

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The name and address of each person authorized to manage and control the Limited Liability Company:

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager | |
| MGR - Wanager | Keon Brown |
| WOIL | 5411 Southwest 37th Street |
| | West Park, FL 33023 |
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| (Use attachment if necessary) | |
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