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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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APR - 8 2013 T. HAMPTON

COVER LETTER

| Division of Corp | | | |
|-------------------------------|--|---|--|
| SUBJECT: Merritt Tra | nsportation Safety Con Name of Lit | nsulting, LLC mited Liability Company | |
| | raine of En | inited Elability Company | |
| The enclosed Articles of (| Organization and fee(s) a | re submitted for filing. | |
| Please return all correspon | ndence concerning this m | natter to the following: | |
| <u>J.W</u> . Taylor, | Esq. | | |
| | | Name of Person | |
| Taylor & Ass | sociates, Attorneys at I | _aw, P.L. Firm/Company | |
| | | , , | |
| 20 3d Street | SW, #209 | | |
| | | Address | |
| Winter Have | | City/State and Zip Code itt@yahoo.com d for future annual report notifica | rtion) |
| | | | ation) |
| For further information co | ncerning this matter, ple | ase call: | |
| | | | |
| <u>Jo Kirkland</u> Name of | | 863) 875-6950 Area Code Daytime Te | lephone Number |
| rvaine of | reison | Area Code Daytime Te | repriorie 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 | Street/Courier Addi | ress |
| Registra | tion Section | Registration Section | |
| | of Corporations | Division of Corporat | ions |
| P.O. Bo: Tallahas | | Clifton Building | er Circle |
| | x 6327 see, FL 32314 | Clifton Building 2661 Executive Cent | er Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES OF ORGANIZATION FOR E | |
|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: | |
| Merritt Transportation Safety Consulting, LLC (Must end with the words "Limited L | aiability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal off | ice of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 675 Avenue O Avenue, SE Winter Haven, FL 33880 | P.O. Box 9544 Winter Haven, FL 33883 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered a | egistered Agent. You must designate an individual or) |
| J.W. Taylor, Esq. Name | |
| 20 3d Street, SW, Suite 209 Florida street address (P.O. Box) | NOT acceptable) |
| Winter Haven | FL 33880 |
| City | Zip |
| the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig | tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S. |
| (CONTINUE | m 78 28 |
| Page 1 of 2 | PILED 2014 APR -7 AMII SECRETARY OF STALLAHASSEE, FL |

| <u> Fitle:</u> | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | ` |
| MGR | Buck Merritt |
| | 675 Avenue O, SE |
| | Winter Haven, FL 33880 |
| | 17111to: 110.7511, 1 E 00000 |
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| ective date is listed, the date must be spe of filing.) | of filing: <u>N/A</u> . (OPTIONAL) cific and cannot be more than five business days prior to or s |
| EV: Effective date, if other than the date exertive date is listed, the date must be spe | cific and cannot be more than five business days prior to or 9 |
| EV: Effective date, if other than the date dective date is listed, the date must be spend filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: | ecific and cannot be more than five business days prior to or |
| EV: Effective date, if other than the date dective date is listed, the date must be spend filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: | ecific and cannot be more than five business days prior to or |
| EV: Effective date, if other than the date dective date is listed, the date must be spend filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 60: constitutes an affirmation under I am aware that any false information under I am aware that any false information. | ecific and cannot be more than five business days prior to or |

ARTICLE IV-

Page 2 of 2

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)