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B. BOSTICK APR **10** 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sperry Transportion 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:
RICKY J. SPERRY Name of Person
Sperry Transportation LLC Firm/Company
5740 N.E. 22ND AVENUE
Address
OCALA .FL. 34479
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RICKY J. Sperry at 352 221-0810 Name of Person Area Code Daytime Telephone Number
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Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times Status \times Status \times Status \times Certificate of Status \times Certified Copy (additional copy is enclosed) \$\times Status \times Status \times 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

Sperri (Must end with the w	TRANSPORTATION ords "Limited Liability Company, "L.L.C.," or	LLC "LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Com	npany is:
Principal Office Address:	Mailing Address:	
5740 N.E. 22 ND AVE OCALA, FL. 34479	NUE 5740 N.E.221 OCALA FL 344	
ARTICLE III - Registered Agent, Regist	tered Office. & Registered Agent's Signature	2:
(The Limited Liability Company cannot set another business entity with an active Flor	rve as its own Registered Agent. You must designed registration.)	
(The Limited Liability Company cannot set another business entity with an active Flor The name and the Florida street address of	rve as its own Registered Agent. You must designed a registration.) the registered agent are:	
(The Limited Liability Company cannot set another business entity with an active Flor The name and the Florida street address of	rve as its own Registered Agent. You must designed a registration.) the registered agent are:	
(The Limited Liability Company cannot set another business entity with an active Flor The name and the Florida street address of	rve as its own Registered Agent. You must designed a registration.) The registered agent are: Y J, Sperry Name	
(The Limited Liability Company cannot set another business entity with an active Flor.) The name and the Florida street address of RTCK. 5740 N	rve as its own Registered Agent. You must designed a registration.) the registered agent are:	gnate an individual or

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 (REQUIRE

(CONTINUED)
Page 1 of 2

Title: "AMBR" = Authorized Mem "MGR" = Manager	Name and Address:		_
			
			
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(Use attachment if necessary)		
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ective date is listed, the date of filing.) E VI: Other provisions, if any	NONE	usiness days prior to or	
E VI: Other provisions, if any REQUIRED SIGNATURE Signat (In accordance wit constitutes an affir I am aware that any	ure of a member or an authorized representation in section 605.0203 (1) (b), Florida Statutes, the exmation under the penalties of perjury that the facts of false information submitted in a document to the degree felony as provided for in s.817.155, F.S.)	ve of a member. ecution of this document stated herein are true.	
E VI: Other provisions, if any REQUIRED SIGNATURE Signat (In accordance wit constitutes an affir I am aware that any	ure of a member or an authorized representation section 605.0203 (1) (b), Florida Statutes, the exmation under the penalties of perjury that the facts of false information submitted in a document to the	ve of a member. ecution of this document stated herein are true.	
REQUIRED SIGNATURE Signat (In accordance wit constitutes an affir I am aware that any constitutes a third of	wre of a member or an authorized representation in section 605.0203 (1) (b), Florida Statutes, the exmation under the penalties of perjury that the facts of false information submitted in a document to the degree felony as provided for in s.817.155, F.S.) Typed or printed name of signed Filing Fees: iccles of Organization and Designation of Regist Optional)	ve of a member. ecution of this document stated herein are true. Department of State	1

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