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MAY 1 6 2014

T. BROWN

## **COVER LETTER**

<del>*</del> = : <del>***</del> = : *** :
TO: Registration Section Division of Corporations
SUBJECT: THER TRANSPIRE  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:
Michael A. Tyler Name of Person
TYLER TRANSPORT
1372 Wyldberry LANE
Deltona, FL 32725 City/State and Zip Code
MIKETULER 440 @ AHT, NET  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael A. Tyler at (386) 232-6257  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,  Certificate of Status

Malling Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy (additional copy is enclosed)

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)

Page 1 of 2

<u>Title;</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  Mg k.	Michael A. Tyler Mgr. 1372 Wildberry Co. Mgr. Delto NA F. 32715
AMBL	ANNIE C. TYLER, AMBR 1372 Weidberey in Deltona, FL 32725
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(Use attachment if necessary)	1
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date of filing.)	filing: <u>05-06-2014</u> (OPTIONAL)  Ic and cannot be more than five business days prior to or 90 days
REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0203 (	er or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE:  Signature of a memh  (In accordance with section 605.0203 ( constitutes an affirmation under the penalties of p I am aware that any false information submitted in	er or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document erjury that the facts stated herein are true.  n a document to the Department of State
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