

L14000091842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

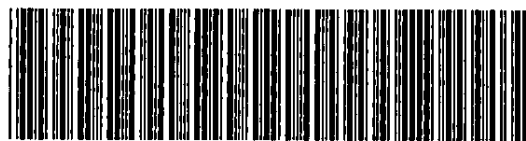
(Business Entity Name)

(Document Number)

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

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

2014 JUN -2 AM 11:22

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EFFECTIVE DATE 06/01/14

JUN 09 2014

D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A Plus Grace Freight Services 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:

**Nolan, Robert**

Name of Person

**A Plus Grace Freight Services LLC**

Firm/Company

**903 NE Osceola Avenue**

Address

**Ocala Florida 34478**

City/State and Zip Code

**Aplusgracefreightservices@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Dr. Candace Lewis-Shashikarshe**

Name of Person

**352**

Area Code

**3523682002**

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**A Plus Grace Freight Services LLC**

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

ARTICLE II - Address:

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

Principal Office Address:

**903 NE Osceola Avenue  
Ocala Florida 34470**

Mailing Address:

**903 NE Osceola Avenue  
Ocala Florida 34470**

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:

**Dr. Candace Lewis-Shashikarshe**

Name

**903 NE Osceola Avenue**

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

**Ocala**

**FL**

**34470**

City

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)

Page 1 of 2

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TALLAHASSEE, FLORIDA

EFFECTIVE DATE 06/11/14

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**AMBR**

**Name and Address:**

**Robert Nolan**

**903 NE Osceola Avenue**

**Ocala FL 34470**

**Dr. Candace Lewis-Shashikarshe**

**P O Box 6779**

**Ocala Florida 34478**

**AMBR**

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: **01 June 2014** (OPTIONAL)

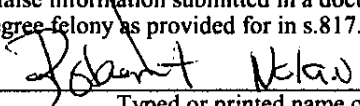
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

  
Typed or printed name of signee

**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)**

**FILED**  
2014 JUN -2 AM 11:22  
CLERK OF STATE  
TALLAHASSEE FLORIDA