

L14000100499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

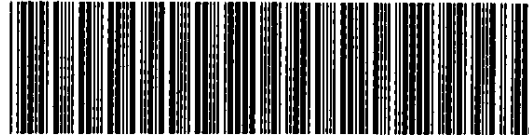
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-35892

Office Use Only



500260731505

06/04/14--01005--009 **130.00

FILED
2014 JUN 20 AM 11:44
CLERK OF SUPERIOR COURT
JANUARY 1, 2014
JANUARY 1, 2014

JUN 24 2014

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2014

JACK CRAIG
473 NE BILLY CRAIG CT.
LAKE CITY, FL 32055

SUBJECT: R & R TRANSPORTATION, LLC
Ref. Number: W14000035892

We have received your document for R & R TRANSPORTATION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.", "LC.", "Ltd.," and "Co."

The document number of the name conflict is L13000176953.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 514A00012455

2014 JUN 20 AM 11:44

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R & R Transportation, 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:

Jack Craig

Name of Person

Firm/Company

473 NE Billy Craig Ct.

Address

Lake City, FL 32055

City/State and Zip Code

jecraig46@gmail.com

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

For further information concerning this matter, please call:

Jack Craig

Name of Person

at (386) 292-2244

Area Code

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

RECEIVED
2004 JUN 20 AM 11:44
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R & R Transportation 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:

473 NE Billy Craig Ct.
Lake City FL 32055

Mailing Address:

473 NE Billy Craig Ct.
Lake City FL 32055

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:

Jack Craig
Name
473 NE Billy Craig Ct
Florida street address (P.O. Box NOT acceptable)
Lake City FL FL 32055
City Zip

FILED
2014 JUN 20 AM 11:44
CLERK OF STATE
TALLAHASSEE FLORIDA

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..

Jack E. Craig
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

AMBR

AMBR

Name and Address:

Jack Craig

473 NE Billy Craig Ct.
Lake City FL 32055

Ryan Barbaizon

2153 SE Hwy 91
Morrison, FL 32068

Monica Lamb

473 NE Billy Craig Ct
Lake City FL 32055

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/1/14 (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:

Jack E. Craig

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.)

Jack E. Craig

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 20 AM 11:44
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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

AMBR

AMBR

Name and Address:

Jack Craig
473 NE Billy Craig Ct.
Lake City FL 32055

Ryan Barbaizon
2153 SE Hwy 41
Morrison, FL 32068

Monica Lamb
473 NE Billy Craig Ct.
Lake City FL 32055

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Jack E. Craig

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.)

Jack E. Craig

Typed or printed name of signer

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 20 AM 11:44
CLERK OF STATE
ALLIANCE FLORIDA