LI40001049

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
W14-35892	

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



Office Use Only

OUN 24 2014

O. BRUCE



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.G." "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

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Right Transportation, LLC Name of Limited Liability Company	
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	
Name of Person	
Firm/Company	
· ·	
473 NE Billy Craig Ct.	
Address	
City/State and Zip Code Jecraig 4 to 29 mail. Com E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
lecrais 46 @ gmail. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
For further information concerning this matter, please call: Tack Craig at 386 292-2244 Name of Person Area Code Daytime Telephone Number	1.,
Jack Craig at (386) 292-2244 Name of Person Area Code Daytime Telephone Number	ITKE
	7
Enclosed is a check for the following amount:	i eg
T\$125.00 Filing Fee 1\$130.00 Filing Fee & T\$155.00 Filing Fee & T\$160.00 Filing Fee	-A 1/C
Certificate of Status Certified Copy Certificate of Status &	
(additional copy is enclosed) Certified Copy (additional copy is enclose	d)
Mailing Address Registration Section Street/Courier Address Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: RED Transportation	servius, Lu
(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: Mailing Address:	
473 NE Billy Craig Ct. 473 NE Billy Craig Ct. Lake City FL 32055 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 individu another business entity with an active Florida registration.)	al or
The name and the Florida street address of the registered agent are:	20
Jack Craig	
Florida street address (P.O. Box NOT acceptable) Lake City City The street address (P.O. Box NOT acceptable) Lake City Lake City Sip	UN 20 AH II: 41
Having been named as registered agent and to accept service of process for the above stated limited liability the place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided having the complete of the property of the property of the property of the property of the provided having	act in this erformance
Registered Agent's Signature (REQUIRED)	
/ Jugarda i Sala a Signatura (1929)	
(CONTINUED)	

Page 1 of 2

•	authorized to manage and control the Limited Liability Com	pany:	•	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
<u> AMBR</u>	Jack (raig			
	Lake City FL 32055			
AMBR	P			
FILIDE	K-yan Barbazon			
	morniston, FL. 32 Well			
AM BR	Morica Lans			
	473 NE Billy Craig Ct			
	Lake City FL 32055			
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77				
(Use attachment if necessary)	1110			
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Page 2 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Tack Crave
	473 NE Billy Prais C+
	Lake City FL 32055
AMBR	D
THIDK	Pyan barbatan
	morriston, FL. 32668
M 100 00	
AMBR	Monica Lans
	473 NE Billy Craig Ch
	Lake city FL 320st
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(Use attachment if necessary)	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)