Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H14000159379 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

West Palm Transportation Company, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04.5 |
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SE FLORIDA TRANSPORTATION, LLC

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Corporate Filing Menu

Help

7/2/2014

850-617-6381

7/3/2014 8:21:58 AM PAGE 1/001 Fax Server



July 3, 2014

FLORIDA DEPARTMENT OF STATE Division of Comorations

CT

*KE-ZIBIMII.

SUBJECT: WEST PALM TRANSPORATION COMPANY, LLC

REF: W14000041160

Pleaso retain of a lating date of submission 2/2

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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."

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.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H14000159379 Letter Number: 914A00014385

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SECRETARY OF STATE
TALLAHASSE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: SE FLORIDA 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: |
| Please retain an correspondence concerning any maker to the tonowing. |
| General Counsel Name of Person |
| Veolia Transportation, Inc. Firm/Company |
| 720 E. Butterfield Road, Suite 300 Address |
| Lombard, Illinois 60148 City/State and Zip Code |
| beverly wedin@veolialransdev.com B-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Beverly Wedin at (630) 382-1090 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: S125.00 Filing Fee |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, F1. 32314 Street/Courler Address Registration Section Division of Corporations Clifton Building Tallahassee, F1. 32301 |

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FILED

2014 JUL -2 AM 9: 04

SHUNETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | |
|--|--|
| SE FLORIDA TRANSPORTATION, LLC (Must end with the words "Limited I. | .iability Company, "lL.C.," or "LI.C.") |
| ARTICLE (1 - Address: The mailing address and street address of the principal off | ice of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 720 E. Butterfield Road, Suite 300 Lembard, Ulinois 60148. | 720 S. Butterfield Road, Suite 300 Lombard, Illinois 60148 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Plorida registration.) The name and the Florida street address of the registered at the company cannot be company to the | Registered Agent. You must designate an individual or |
| C T Corporation | |
| Name | AI OFFICE |
| 1200 South Pine | |
| Florida street address (P.O. Box | NOT acceptable) |
| Plantation | Fl. 33324 |
| City | Zip |
| the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblicable. Chapter C. V. Composition System | vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S. James M. Halpin Assistant Secretary ure (REQUIRED) |
| V | en. |
| (CONTINUI | ev) |

Page 1 of 2

| <u> Fitte:</u> AMBR" = Authorized Member | Name and Address: |
|---|--|
| MGR* = Manager | |
| MOR | R. Brian Wier 720 E. Butterfield Road. Suite 300 |
| | Lombard. Illinois 60148 |
| MGR | Brad Whittle |
| • | 720 E. Butterfield Road, Suite 300 |
| | Lombard Illinois 60148 |
| MGR | Terrence Oates |
| | 720 E. Butterfield Road, Suite 300 Lombard, Illinois 60148 |
| | politolia, titilois oviva |
| MGR | Dwight Kines |
| | 720 E. Butterfield Road, Suite 300 Lombard, Illinois 60148 |
| V: Effective date, if other than the clive date is listed, the date must l | date of fliing: (OPTIONAL) se specific and eannot be more than five business days prior to or 94 |
| (Use attachment if necessary) EV: Effective date, if other than the ective date is listed, the date must be filling.) EVI: Other provisions, if any. | date of filing: (OPTIONAL) |
| EV: Effective date, if other than the cive date is listed, the date must liftling.) | date of filing: (OPTIONAL) |
| EV: Effective date, if other than the clive date is listed, the date must liftling.) EVI: Other provisions, if any. | date of filing: (OPTIONAL) |
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| E V: Effective date, if other than the ective date is listed, the date must I ffiling.) E VI: Other provisions, if any. REQUIRED SIGNATORE Signature of (In accordance with sectic constitutes an affirmation I am aware that any faise | date of filing: (OPTIONAL) |
| EV: Effective date, if other than the clive date is listed, the date must If filling.) EVI: Other provisions, if any. Signature of (In accordance with section of the constitutes an affirmation I am aware that any false constitutes a third degree | date of filing: |
| E V: Effective date, if other than the ective date is listed, the date must I ffiling.) E VI: Other provisions, if any. REQUIRED SIGNATORE Signature of (In accordance with sectic constitutes an affirmation I am aware that any faise | date of filing: |
| E V: Effective date, if other than the ective date is listed, the date must I filling.) E VI: Other provisions, if any. REQUIRED SIGNATORE: Signature of (In accordance with section of an aware that any faise constitutes a third degree R. Brian Wi | date of filing: |
| E V: Effective date, if other than the ective date is listed, the date must I filling.) E VI: Other provisions, if any. REQUIRED SIGNATORE: Signature of (In accordance with section of an aware that any faise constitutes a third degree R. Brian Wi | date of filing: |

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