

L14000150386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

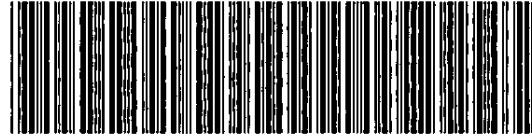
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Lisa Revels
AUTHORIZATION BY PHONE TO
CORRECT Added Officers; made corrections to CA/
DATE 9/25/14 Article VI
DOC. EXAM EXAM

Office Use Only



200264149852

09/16/14--01019--004 **130.00

EFFECTIVE DATE

9/15/14

SECTION 607.01
FALL HASSEE, FLORIDA

14 SEP 16 PM 4:21

FILED

9/25/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Syphers Southern Express, 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:

Jason D Syphers
Name of Person

Syphers Southern Express, LLC
Firm/Company

86257 Spring Meadows Ave
Address

Yulee, FL 32097
City/State and Zip Code

lisa.revels@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason D Syphers at (904) 203-9978
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Syphers Southern Express, 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:

Mailing Address:

86257 Spring Meadows Ave
Yulee, FL 32097

86257 Spring Meadows Ave
Yulee, FL 32097

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:

Golden Boy Logistics, LLC
Name

86257 Spring Meadows Ave
Florida street address (P.O. Box **NOT** acceptable)
Yulee FL 32097
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

EFFECTIVE DATE

9/15/14

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14 SEP 16 PM 4:21
CLERK OF CIRCUIT
JAILAH ASSESS, 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

Name and Address:

Jason D Syphers

2710 Cane Ct

Middleburg, FL 32068

MGR

Kenneth P Syphers

86257 Spring Meadow Ave

Yulee, FL 32068

MBR

Kendra Syphers

86257 Spring Meadow Ave

Yulee, FL 32068

MBR

Lisa Revels

6734 103rd St., Apt 306

Jacksonville, FL 32210


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/15/2014 (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.)

Jason D Syphers

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)

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14 SEP 16 PM 4:22
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 09-15-2014

Employer Identification Number:
47-1828111

Form: SS-4

Number of this notice: CP 575 B

SYPHERS SOUTHERN EXPRESS LLC
JASON D SYPHERS SOLE MBR
86257 SPRING MEADOW RD
YULEE, FL 32097

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-1828111. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Your Form 2290 becomes due the month after your vehicle is put into use.

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

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SEP 16 PM 4:22
TAMPA, FLORIDA