

L14 000172442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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14 NOV -3 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2014

FRANCES MENDEZ  
PO BOX 17006  
WEST PALM BEACH, FL 33416

SUBJECT: ROGER & SON TRANSPORTATION, LLC.  
Ref. Number: L12000008039

We have received your document for ROGER & SON TRANSPORTATION, LLC. and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A revocation of dissolution can not be filed after 120 days from the date of dissolution.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 514A00021968

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Roger & Son Transportation LLC  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Frances Menendez  
Contact Person

Jasmine Transportation Solutions Corp  
Firm/Company

P.O. Box 170006  
Address

West Palm Beach FL 33416  
City, State and Zip Code

Jtscompliance@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Frances Menendez at ( 561 ) 283-4848  
Name of Contact Person Area Code Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Roger & Son 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:

Frances Menclerz

Name of Person

Jasmine Transportation Solutions

Firm/Company

P.O. Box 17006

Address

West Palm Beach FL 33416

City/State and Zip Code

Jtscompliance@gmail.com

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

For further information concerning this matter, please call:

Frances Menclerz at ( 561 ) 283-4848

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Rogor & Son Transportation 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:**

1831 N Chatham Rd  
West Palm Beach FL 33415

**Mailing Address:**

1831 N Chatham Rd  
W.P.B FL 33415

**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:

Jasmine Transportation Sol  
Name

2269 Inelian Rd Bldg 5 #1209  
Florida street address (P.O. Box NOT acceptable)

W.P.B FL 33409  
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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

**Name and Address:**

Roger Cruz  
1831 N Chatham Rd  
W.P.B FL 33418


(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/1/14 (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:**

  
\_\_\_\_\_  
**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.)

Roger Cruz  
\_\_\_\_\_  
Typed or printed name of signee

14 NOV - 3 PM 1:16  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)**