

L14006184773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

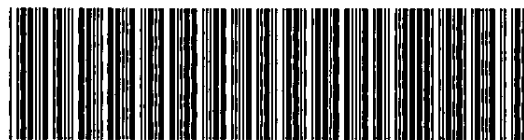
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE FLORIDA

J. Shivers DEC 03 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2014

SASA MARKOVIC
308 FREEDOMS RING DR
WINTER SPRINGS, FL 32708

SUBJECT: MARKOVIC TRANSPORT
Ref. Number: W14000062420

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

You failed to make the correction(s) requested in our previous letter.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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: 614A00021920

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARKOVIC TRANSPORT

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00
Filing fee & Designation
of Registered Agent

☒ \$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

☐ \$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

SASA MARKOVIC
308 FREEDOMS RING DR.
WINTER SPRINGS, FL 32708

For Further information concerning this matter, please call: SASA MARKOVIC at 407-702-4083.

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

ARTICLES OF ORGANIZATION

OF

MARKOVIC TRANSPORT **LLC**

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: MARKOVIC TRANSPORT **LLC**

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 308 FREEDOMS RING DR., WINTER SPRINGS, FL 32708.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

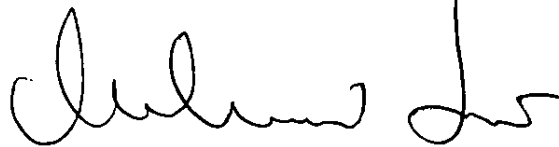
ADDRESS

SASA MARKOVIC

308 FREEDOMS RING DR.
WINTER SPRINGS, FL 32708

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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.



SASA MARKOVIC

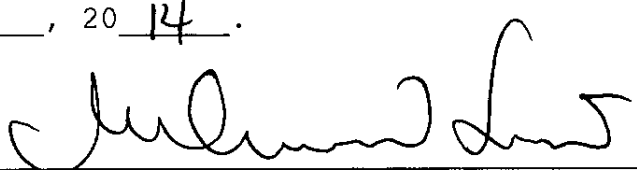
ARTICLE IV - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	SASA MARKOVIC 308 FREEDOMS RING DR. WINTER SPRINGS, FL 32708

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be October 1, 2014.



Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

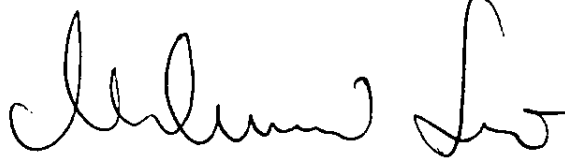
SASA MARKOVIC

Printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

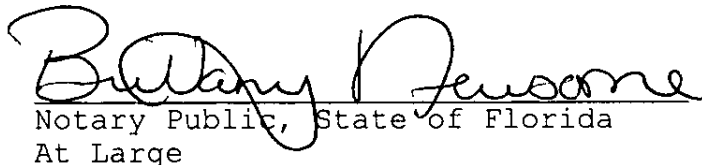
IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 1st day of October, 2014.



SASA MARKOVIC

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

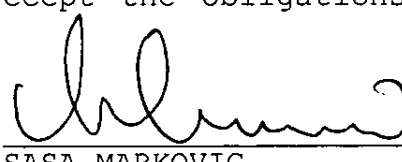
The foregoing instrument was acknowledged before me this 1st day of October, 2014, by SASA MARKOVIC, who is personally known to me or who has produced driver's license as identification and who did take an oath.



Notary Public, State of Florida
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.



SASA MARKOVIC

DATE: 10/1/14

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14 NOV 20 AM 9:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA