

L15000046981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

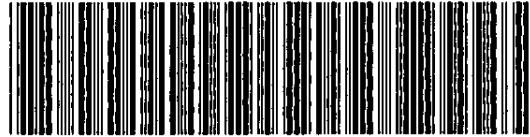
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 MAR 16 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAR 17 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Auto Transports Coast to Coast 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:

Norberto Dominguez
Name of Person

Auto Transports Coast to Coast LLC.
Firm/Company

6611 Enzor St
Address

Callaway Fl 32404
City/State and Zip Code

donicubano@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

norberto dominguez at (315) 2783348
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$125.00 Filing Fee &
Certificate of Status
Prorated Paid

☐ \$155.00 Filing Fee &
Certificate of Status
(not used)

☐ \$160.00 Filing Fee &
Certificate of Status
(not used)

Mailing Address
P.O. Box

3327

Street/County Address

Callaway Fl



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2015

NORBERTO DOMINGUEZ
6611 ENZOR STREET
CALLAWAY, FL 32404

SUBJECT: COAST TO COAST AUTO TRANSPORT LLC
Ref. Number: W15000015146

RECEIVED
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

15 MAR 16 AM 10:00

We have received your document for COAST TO COAST AUTO TRANSPORT 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

Letter Number: 515A00004333

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Auto transports coast to coast 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:

6611 enzor st callaway fl 32404

6611 enzor st callaway fl 32404

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:

norberto dominguez

Name

6611 enzor st

Florida street address (P.O. Box **NOT** acceptable)

callaway

City

FL 32404

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)

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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

Name and Address:

norberto dominguez 6611 enzor st callaway fl 32404

office manager

laritza pena 6611 enzor st callaway fl 32404

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

norberto dominguez

Typed or printed name of signer

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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2015 MAR 16 AM 11:04
CLERK OF STATE
TALLAHASSEE, FLORIDA