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COVER LETTER

TO:

Registration Section

Division of Corporations SUBJECT: Rock'em Sock'em Transport Services, 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: Sidney Alston Name of Person Rock'em Sock'em Transport Services, LLC Firm/Company 151 N. Nob Hill Road - Suite 308 Address Plantation, FL 33324 City/State and Zip Code rockemsockemLLC@gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sidney Alston Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$125.00 Filing Fee □\$130.00 Filing Fee & **□\$155.00** Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations

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

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABELITY COMPANY AND 7:31

	"我们是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,
The name of the Limited Liability Company is:	The state of the s
Rock'em Sock'em Transport Services, LLC	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
151 N. Nob Hill Road	151 N. Nob Hill Road
Suite 308	Suite 308
Plantation, FL 33324	Plantation, FL 33324
The Limited Liability Company cannot serve as its or	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or ation.)
The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register	wn Registered Agent. You must designate an individual or tion.)
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register Sidney Alston	wn Registered Agent. You must designate an individual or tion.)
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register Sidney Alston	wn Registered Agent. You must designate an individual or ation.) red agent are:
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register Sidney Alston Na	wn Registered Agent. You must designate an individual or ation.) red agent are: me
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register Sidney Alston Na 3031 N. Ocean Blvd #906	wn Registered Agent. You must designate an individual or ation.) red agent are: me
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register Sidney Alston Na 3031 N. Ocean Blvd #906 Florida street address (P.O. Florida street address)	wn Registered Agent. You must designate an individual or ation.) red agent are: me Box NOT acceptable)

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

itle:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MBR	Sidney Alston
·····	151 N. Nob Hill Road - Suite 308
	Plantation, FL 33324
	
	the state of the s
V: Effective date, if other than the date o	f filing: May 1, 2015 ific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any.	ific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the date of the date is listed, the date must be specifiling.) VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	iffic and cannot be more than five business days prior to or 9 there or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State
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Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	ther or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
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