

#L15000059752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

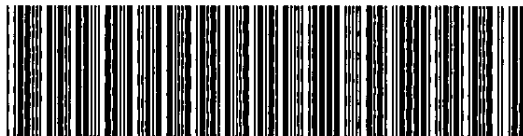
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO EFFECTIVE DATE
PER CONVERSATION WITH
WILLIAM BROADUS 4/6/2015
KS

Date

Office Use Only



400269595734

EFFECTIVE DATE
3-24-2015

03/16/15--01054--003 **130.00

FILED

2015 MAR 16 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

APR - 6 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Koiv transportation 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:

William Broadus
Name of Person

Koiv transportation Services LLC.
Firm/Company

20533 Biscayne Blv Suite 804
Address

Aventura FL 33180
City/State and Zip Code

Will4Koiv@gmail.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

William Broadus at (305) 450-8896
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:

EFFECTIVE DATE
3-24-2015

Koiv transportation services 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:

21230 NE 9th Ct #2
Miami FL 33180 33179

Mailing Address:

20533 Biscayne Blv suite 804
Aventura FL 33180

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:

William Broadus
Name

20533 Biscayne Blv suite 804
Florida street address (P.O. Box NOT acceptable)
Aventura FL 33180
City Zip

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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.

William Broadus
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

V.P. / AMBR

Owner / MGR

N/A

N/A

Name and Address:

Ivania Jarquin
21230 NE 9th Ct #2
Miami FL 33179

William Broadus
20533 Biscayne Blv suite 804
Aventura FL 33180

N/A

N/A

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 24, 2015 (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:

William Broadus

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.)

William Broadus

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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TALLAHASSEE, FLORIDA

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