

L15000069467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

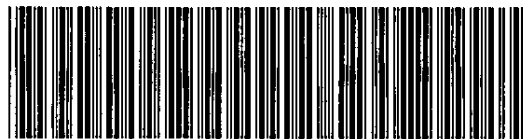
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2015 APR - 7 PM 2:02

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N. Culligan APR 21 2015

Carol Allison Document Service
2650 Baywood Drive
Titusville, Florida 32780
321.480.9789

March 30, 2015

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

RE: BLAZON TRANSPORT, LLC.

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee	\$125.00
Certified Copy	\$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service
2650 Baywood Drive
Titusville, Florida 32780
321.480.9789

Sincerely,



Carol Allison

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I

Name of Limited Liability Company is:

BLAZON TRANSPORT, LLC.

ARTICLE II

Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2774 Pine Ave
Mims, FL 32754

Mailing Address:

2774 Pine Ave
Mims, FL 32754

ARTICLE III

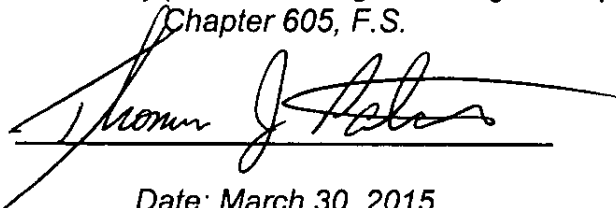
Registered Agent, Registered Office, & Registered Agent's Signature:

(You must designate an individual or another business with an active Florida registration)

The name and the Florida street address of the registered agent are:

Thomas J. Patch
2774 Pine Ave
Mims, FL 32754

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.


Date: March 30, 2015

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2015 APR - 7 PM 2:02
TALLAHASSEE, FLORIDA

ARTICLE IV

Manager or Managing Member(s):

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

Title

Name and Address

"MGR"=Manager

"AMBR"=Authorized Member

AMBR

Thomas J. Patch

2774 Pine Ave.

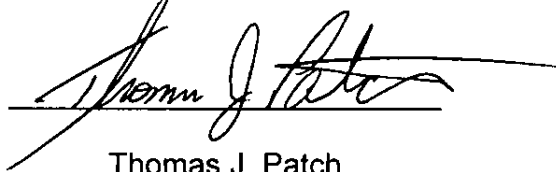
Mims, Fl. 32754

ARTICLE V (Optional)

Effective date, if other than the date of filing: File Date

(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.)

REQUIRED SIGNATURE:



Thomas J. Patch

March 30, 2015

(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.)

FILED
2015 APR -7 PM 2:02
STATE OF FLORIDA
TALLAHASSEE