

L15000075162

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

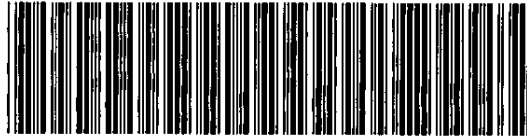
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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CLERK OF SUPERIOR COURT  
STATE OF NEW YORK  
JULIA M. BROWN

*Handwritten signature*

T SCHROEDER  
4.29.15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2015

ANGELICA SAMUEL-COLVIN  
1000 BROWARD RD  
#1910  
JACKSONVILLE, FL 32218 US

SUBJECT: SAMUEL-DE-ONI  
Ref. Number: W15000028232

We have received your document for SAMUEL-DE-ONI and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Terri J Schroeder  
Regulatory Specialist II

Letter Number: 515A00008130

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Colvin Transport, 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:

Angelica P Samuel-Colvin  
Name of Person

Firm/Company

1000 Broward Rd Unit 1910  
Address

Jacksonville, FL 32218  
City/State and Zip Code

colvintransportllc@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelica at (404) 933-7612  
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 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:

Colvin Transport, 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:

1000 Broward Rd #1910  
Jacksonville, FL 32218

Mailing Address:

1000 Broward Rd #1910  
Jacksonville FL 32218

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:

Angelica Samuel-Colvin

Name

1000 Broward Rd #1910

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

Jacksonville FL 32218

City

FL

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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**ARTICLE IV:**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

OWNER-MGR

AMBR

**Name and Address:**

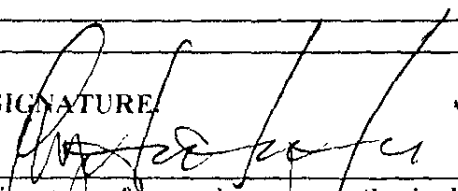
Patterson J Colvin  
1000 Broadway Rd #1910  
Jacksonville, FL 32218  
Angelica P Samuel-Colvin  
1000 Broadway Rd #1910  
Jacksonville, FL 32218  
Alebayo ONI  
2106 Park Ln  
Valdosta, GA 31602

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (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.)

Angelica Samuel-Colvin

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)

2015 APR - 8 P 12:46  
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DEPARTMENT OF STATE  
JACKSONVILLE, FL 32202