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TILEU 2015 HAY 26 A II: 55 356 MERSKEP FLORING

MAY 27 2015 T SCHROEDER

COVER LETTER

то:	Registration of	on Section f Corporations		
SUBJEC	CT: <u>Gal</u>	axy Transport, LLC Name of Lir	mited Liability Company	
The enci	osed Article	es of Organization and fee(s) ar	e submitted for filing.	
Please re	eturn all con	respondence concerning this ma	atter to the following:	
	<u>Gary</u>	Rush	Name of Person	
			Firm/Company	
	504	Tom Sawyer Lane		
			Address	
	Cre	stview, FL 32536		
		C	City/State and Zip Code	
	info	@galaxytransport.net		
		E-mail address: (to be used	d for future annual report notificat	tion)
For furth	er informat	ion concerning this matter, plea	se call:	
Garv	Rush	at (850) 826-4313	
		ame of Person		ephone Number
Enclosed	l 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)
	М	ailing Address	Street/Courier Addi	reg
	Re	egistration Section	Registration Section	•
		ivision of Corporations O. Box 6327	Division of Corporat Clifton Building	ions
		allahassee FI 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:							
	ed Liability Company is:						
Galaxy Transpo	ort, LLC.						
	Must end with the words	"Limited Liability C	Company, "L.L.C	.," or "LLC	.")		
ARTICLE II - Addre The mailing address a	ess: nd street address of the pr	incipal office of the	Limited Liability	y Company	is:		
Principal Office Add	ress:	<u>Mailin</u>	g Address:				
504 Tom Sawyer Crestview, FL 32			Fom Sawyer I stview, FL 325			_	
(The Limited Liability another business entity	stered Agent, Registered Company cannot serve a y with an active Florida re rida street address of the r	s its own Registered egistration.)			an indiv	ridual or	
The name and the Flor		egistered agent are:					
	Gary Rush	Name					
	504 Tom Sawyer Florida street address		eptable)				
	Crestview	FL	32536				
	City		Zip				
the place designate capacity. I further a	as registered agent and to ted in this certificate, I her agree to comply with the p am familiar with and acc	reby accept the appoi provisions of all statu	ntment as registe tes relating to the f my position as r S.	red agent ar proper and	nd agree comple	e to act in t te perform	his ance
					2015		
	(C	ONTINUED)					
		Page 1 of 2		MASSEL FESTAIR	MAY 26 A II: 5	T	

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

"AMBR" = Authorized Member "MGR" = Manager	
MGR - Manager	Gary Rush
	504 Tom Sawyer Lane
	Crestview, FL 32536
(Use attachment if necessary)	
E.V. Effective date if other than the date of filing:	
ective date is listed, the date must be specific and	I cannot be more than five business days prior to or 90 d
of filing.)	- Canada Da III da
E VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
REQUIRED SIGNATURE:	M
Signature of a momber of	an authorized representative of a member.
Signature of a momber of (In accordance with section 605.0203 (an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document
Signature of a member of (In accordance with section 605.0203 (constitutes an affirmation under the pen	an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document lalties of perjury that the facts stated herein are true.
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