

#L15000107540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

Special Instructions to Filing Officer:

L15-32931 NOT WAIT

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04/30/15--01027--008 **160.00

FILED

2015 JUN 23 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 24 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUN 23 PM 1:29

SECRET
TALLAHASSEE, FLORIDA

May 8, 2015

SEGUN DAVIS
6127 METROWEST BLVD, UNIT 101
ORLANDO, FL 32835

SUBJECT: COVENANT TRANSPORTATION LLC
Ref. Number: W15000032931

We have received your document for COVENANT TRANSPORTATION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000006219 "COVENANT TRANSPORTATION LLC".

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 515A00009735

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~Covenant Transportation LLC~~ LASHADE TRANSPORTATION 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:

Segun Davis

Name of Person

~~Covenant Transportation LLC~~ LASHADE TRANSPORTATION LLC
Firm/Company

6127 Metrowest Blvd

Unit 101

Address

Orlando, Florida 32835

City/State and Zip Code

segun.davis@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Segun Davis

Name of Person

at (407) 202-4672

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:

Lashade Transportation 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:

1011 S. Division AVE

Unit B

Orlando, FL 32805

Mailing Address:

6127 Metrowest Blvd

Unit 101

Orlando, FL 32835

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:

Odiator Arugu

Name

1510 East Colonial Drive, Suit 303

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

Orlando

Florida

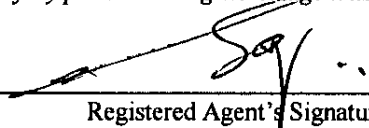
32803

City

State

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

President

Manager

Secretary

Name and Address:

Segun Davis

6127 Metrowest Blvd, Unit 101

Orlando, FL 32835

Folashade Davis

6127 Metrowest Blvd, Unit 101

Orlando, FL 32835

Samuel Okoya

2802 North 34th Street

Tampa, FL 33605

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Segun Davis

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)