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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
SOUTHERN CHOICE TRANSPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I: NAME

The name of the Limited Liability Company is:

SOUTHERN CHOICE TRANSPORT LLC

ARTICLE II: Address

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

**1357 LAKESHORE DR APT 2
MOUNT DORA FLORIDA 32757**

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

**COSIMO GALIOTO
1357 LAKESHORE DR APT 2
MOUNT DORA FLORIDA 32757**

Having been named as registered agent 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.



COSIMO GALIOTO / Registered Agent's Signature

This signature must be that of the individual "signing" this document electronically be made with the full knowledge and permission of the individual, otherwise constitutes forgery under s.831.06 F.S.

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SOUTHERN CHOICE TRANSPORT LLC

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

AMBR = AUTHORIZED MEMBER MGR = MANAGER

AMBR:

**COSIMO GALIOTO
1357 LAKESHORE DR APT 2
MOUNT DORA FLORIDA 32757**

AMBR:

**STEVE MARTIN
1357 LAKESHORE DR APT 2
MOUNT DORA FLORIDA 32757**



COSIMO GALIOTO

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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.)

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report Between January 1st and May 1st in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.

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