

L15000171523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

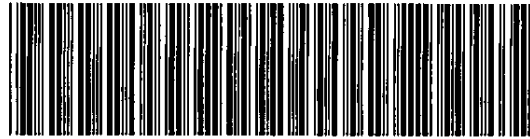
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000277583820

10/05/15--01021--009 **125.00

APPROVAL
AND
FILED
15 OCT -5 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEST TRANSPORTATION AND HOME SERVICES, 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:

THOMAS P. WIKTOR

Name of Person

BEST TRANSPORTATION AND HOME SERVICES, LLC.

Firm/Company

11568 FOREST MERE DRIVE

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

(NONE)

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

For further information concerning this matter, please call:

THOMAS P. WIKTOR

Name of Person

at **(239) 405-2867**

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

APPROVED
AND
FILED

15 OCT -5 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEST TRANSPORTATION AND HOME SERVICES, 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:

11568 FOREST MERE DRIVE
BONITA SPRINGS, FL 34135

Mailing Address:

11568 FOREST MERE DRIVE
BONITA SPRINGS, FL 34135

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:

THOMAS P. WIKTOR

Name

11568 FOREST MERE DRIVE

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

BONITA SPRINGS, FL 34135

City, State and 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.

 9/30/15
Registered Agent's Signature (REQUIRED)

APPROVED
AND
FILED

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MRM" = Manager

Name and Address:

15 OCT -5 PM 4:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

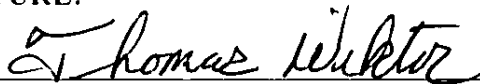
AMBR

THOMAS P. WIKTOR
11568 FOREST MERE DRIVE
BONITA SPRINGS, FL 34135

(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.)

REQUIRED SIGNATURE:



9/30/15

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.)

THOMAS P. WIKTOR

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)