

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 955101 8075471

AUTHORIZATION :



COST LIMIT : \$125.00

ORDER DATE : January 12, 2016

ORDER TIME : 10:19 AM

ORDER NO. : 955101-001

CUSTOMER NO: 8075471

DOMESTIC FILING

NAME: TAG TEAM TRANSPORTATION, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

TAG TEAM TRANSPORTATION, LLC
702 Ross St.
Wildwood, FL 34785
Clyde Edwards
352-308-6167

To whom it may concern,

I, Clyde Edwards, do not intend to revoke the 1/6/16 dissolution of Tag Team Transportation, LLC. I am hereby giving consent to use the above entity name to myself.



1/19/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAG TEAM 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:

Mailing Address:

702 Ross St

702 Ross St

Wildwood, FL 34785

Wildwood, FL 34785

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:

CLYDE EDWARDS

Name

702 ROSS ST

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

WILDWOOD, FL 34785

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..

CLYDE EDWARDS

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA

2014 JUN 20 4 08:29

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

CLYDE EDWARDS

702 Ross St

Wildwood, FL 34785

(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.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

CLYDE EDWARDS 
Type of 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)

DEPARTMENT OF STATE
ARTICLE NUMBER 210912A

16 JUN 29 AM 8:23

MEM.