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(R€	equestor's Name)	
(Ad	ldress)	
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S. GILBERT

COVER LETTER

TO:

Registration Section

Div	ision of Corporations		
SUBJECT:	Wechsler Transport LLC.		
SUBJECT:	Name of	Limited Liabili	ty Company
The enclosed	d Articles of Organization and fee(s	s) are submitted	for filing.
Please return	all correspondence concerning thi	s matter to the f	ollowing:
	Bard Wechsler		
-		Name of	Person
	Wechsler Transport LLC.		
=		Firm/Co	npany
:	5500 Fairway Park Dr. #204		
_		Addre	ess
	Boynton Beach, FL 33437	-F	
b	ardw@bellsouth.net	City/State and	Zip Code
	E-mail address: (to be a	ised for future a	nnual report notification)
For further inf	ormation concerning this matter, pl	lease call:	
F	Bard Wechsler	561	945-5713
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is a	a check for the following amount:		
]\$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status		Stiling Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327		Street Address New Filing Section Division of Corporations Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

office of the Lir	mpany, "L.L.C.," or "LLC.") imited Liability Company is: Mailing Address: 5500 Fairway Park Dr. #204 Boynton Beach, FL 33437 d Agent's Signature: gent. You must designate an individual or	PH 2:
office of the Line. c. & Registered on Registered Agaion.) ed agent are: Name Dr. #204	mpany, "L.L.C.," or "LLC.") imited Liability Company is: Mailing Address: 5500 Fairway Park Dr. #204 Boynton Beach, FL 33437	Die
office of the Line. c. & Registered on Registered Agaion.) ed agent are: Name Dr. #204	mpany, "L.L.C.," or "LLC.") imited Liability Company is: Mailing Address: 5500 Fairway Park Dr. #204 Boynton Beach, FL 33437 d Agent's Signature:	(1) ST (1) ST (FLO)
office of the Line. c. & Registered on Registered Agaion.) ed agent are: Name Dr. #204	Mailing Address: 5500 Fairway Park Dr. #204 Boynton Beach, FL 33437 d Agent's Signature:	EF. PLOP
office of the Line. c. & Registered on Registered Agaion.) ed agent are: Name Dr. #204	Mailing Address: 5500 Fairway Park Dr. #204 Boynton Beach, FL 33437 d Agent's Signature:	~"· * L.U.
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n Registered Agion.) ed agent are: Name Dr. #204	1 Agent's Signature: gent. You must designate an individual or	
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ess (P.O. Box <u>N</u>		
	OT acceptable)	
FL	33437	
State	Zip	
pointment as reg relating to the pr n as registered at Wact	gistered agent and agree to act in this capacity. In proper and complete performance of my duties, an agent as provided for in Chapter 605, F.S	I
	pointment as re relating to the p n as registered o	vice of process for the above stated limited liability company at the pointment as registered agent and agree to act in this capacity. It relating to the proper and complete performance of my duties, and as registered agent as provided for in Chapter 605, F.S

Page 1 of 2

Citle:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MGR"	Bard Wechsler
	5500 Fairway Park Dr. #204
	Boynton Beach, FL 33437
	41-11-11-11-11-11-11-11-11-11-11-11-11-1
V: Effective date, if other than the date tive date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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