

416000153324

(Requestor's Name)

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[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2016

MYCHAEL ANDERSON
635 SOUTHWEST KOONVILLE AVENUE
LAKE CITY, FL 32024

SUBJECT: DIRECT TRANSPORT LLC
Ref. Number: W16000051939

We have received your document for DIRECT TRANSPORT LLC and your check(s) totaling \$125.00. 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.

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 P06000150116.

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) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 716A00015602

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OFFICE
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIRECT TRANSIT 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:

MICHAEL ANDERSON
Name of Person

DIRECT TRANSIT LLC
Firm/Company

635 SOUTH WEST KODVILLE AVENUE
Address

LAKE CITY, FLORIDA 32024
City/State and Zip Code

AGOODMAN41K@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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STATE
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TALLAHASSEE

For further information concerning this matter, please call:

MICHAEL ANDERSON at (386) 697-4111
Name of Person 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

DIRECT TRANSIT 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:

MICHAEL ANDERSON
635 SW KOONVILLE AVE
LAKE CITY, FLORIDA 32024

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:

MICHAEL ANDERSON
Name

635 SW KOONVILLE AVE
Florida street address (P.O. Box **NOT** acceptable)

LAKE CITY, FLORIDA 32024
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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

MICHAEL ANDERSON
635 SW. KODNVILLE AVE.
LAKE CITY, FLORIDA 32024

MARY ANDERSON
635 SW. KODNVILLE AVE.
LAKE CITY, FLORIDA 32024

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(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.

MICHAEL ANDERSON

Typed or printed name of signer

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)