## 6001553/8

(Re	equestor's Name)	
(Ad	ldress)	
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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AUG 2 2 2016 T. SCOTT



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Peace Transporter Specialists, L 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 Warren Copeland, Jr. Name of Person
Peace Transporter Specialists, LLC
6928 Cozumel Ct
Land O Lakes, FL 34637
City/State and Zip Code WPEACE 68 @ GMail. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
T. Warren Copeland at (727) 776-6133  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address Street Address
New Filing Section New Filing Section Division of Comparations

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	rici	E.I	_	Name	•

The name of the Limited Liability Company is:

Peace Transporter Specialists, UC
(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:
6978 Cozumel Ct	6928 Cozumel Ct
Land O Lakes, FL 34637	Cond O Lakes, FC 34637

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 Warren Copeland, J Name 6928 Cozumel Ct Florida street address (P.O. Box NOT acceptable) Land Olakes FL 34637

Land O Lakes FL 34637,
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)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Memb MGR" = Manager	
m62	T. Warren Copeland, Jr
	6978 Corumel Ct
	Land O Lakes Fl 34637
	/
	<del></del>
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\$ 5.00 Certificate of Status (Optional)