

L16000155625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

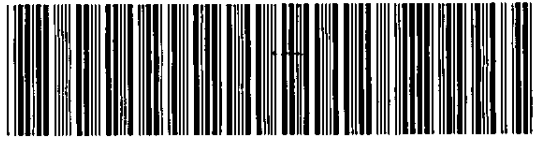
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only
W1600029451

AUG 22 2016
T. SCOTT



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04/15/16--0101S--030 **122.50

07/05/16--01003--005 **37.50

16 AUG 19 AM 10:05

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE



RECEIVED

FLORIDA DEPARTMENT OF STATE AUG 19 PM 12:41
Division of Corporations

July 28, 2016

SORIN APOSTOIU
7501 ULMERTON RD #415
LARGO, FL 33771

SUBJECT: SORIN APOSTOIU TRUCKING, LLC
Ref. Number: W16000029451

We have received your document for SORIN APOSTOIU TRUCKING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Tyrone Scott
Regulatory Specialist II

Letter Number: 716A00015910

TO WHO IT MAY CONCERN

I, SORIN APOSTOIU HAVING THE ADDRESS AT

7501 ULMERTON RD #415, LARGO FL 33771, EMAIL ADDRESS SORIMACHO20@GMAIL.COM AND TEL. NO 727-657-7153, I WOULD LIKE TO CERTIFY THAT I WOULD LIKE TO HAVE A NEW COMPANY AS AN LLC, (SORIN APOSTOIU TRUCKING LLC DBA S.A.T. LLC) AND I DO NOT WANT TO CONVERT THE OLD COMPANY SORIN APOSTOIU TRUCKING INTO AN LLC.

FOR ANY FURTHER QUESTIONS PLEASE FEEL FREE TO CONTACT ME VIA EMAIL OR PHONE LISTED ABOVE!

THANK YOU VERY MUCH!

SIGNATURE:

A handwritten signature in black ink, appearing to read 'Sorin Apostoiu', written over a horizontal line.

IN ATTN OF TAYRONE SCOTT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SORIN APOSTOIU TRUCKING 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:

SORIN APOSTOIU
Name of Person

Firm/Company

7501 ULMERTON Rd # 415
Address

LARGO, FL 33771
City/State and Zip Code

SORIMACHO20@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SORIN APOSTOIU at (727) 657 7453
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:

SORIN APOSTOIU TRUCKING 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:

7501 ULMERTON Rd #415
LARGO, FL 33771

Mailing Address:

SAME

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:

ARIEL POPESCU

Name

7501 ULMERTON Rd #415

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

LARGO FL 33771

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..

Ariel Popescu

Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 AUG 19 AM 10:05

STATE OF FLORIDA
DEPARTMENT OF REVENUE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR.

SORIN APOSTOIU
7501 ULMERTON RD # 415
LARGO, FL 33771

(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:

S. Apostoiu

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.

SORIN APOSTOIU

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)