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| (Requestor's Name) | |
|---|--------------|
| | |
| (Address) | |
| | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| | |
| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name) | |
| (220,120 2,121, 1,121,12) | |
| (Document Number) | |
| (Socialistic Harrison, | |
| Certified Copies Certificates of Status | - |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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10/06/16--01006--008 **125.00

EFFECTIVE DATE 10/02/16

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Trans Enterprises WC 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: | | |
| Reberca Cloc. Name of Person | | |
| Tiggs Enterprises WC Firm/Company | | |
| 19155 Sh 62 Address | | |
| City/State and Zip Code Trasing Comail. Com Email address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Name of Person Area Code Daytime Telephone Number | | |
| Enclosed is a check for the following amount: | | |
| \$125.00 Filing Fee Certificate of Status S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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
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:

(Must end with the words "Limited hiability 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

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:

Name

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

~~·

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 ogent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| The r | name and address of each person autho | rized to manage and control the Limited Liability Company: |
|--------------------------------------|---|---|
| Title | | Name and Address: |
| | BR" = Authorized Member R" = Manager | Para Can |
| $\overline{-p_1}$ | 16R | 18155 SV (2 |
| , | 0 0 | Parish # 3019 |
| <u>A</u> | mbr_ | DICK SINDICH |
| | | 15155 JE 65 34247 |
| | | V |
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| | | |
| (Use | attachment if necessary) | |
| ARTICLE V: | Effective date, if other than the date of | filing: (OPTIONAL) |
| (If an effective the date of fili | e date is listed, the date must be specii | fic and cannot be more than five business days prior to or 90 days after |
| Note: If the d | date inserted in this block does not mee | et 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. | |
| | | |
| REO | DUIRED SIGNATURE: | ra Ciri |
| | | ber or an authorized representative of a member. |
| | I am aware that any false in | in accordance with section 605.0203 (1) (b), Florida Statutes. If ormation submitted in a document to the Department of State |
| | constitutes a third degree fe | elony as provided for in s.817.155, F.S. |
| | 14 UVV V | · · · · · · · · · · · · · · · · · · · |

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

Page 2 of 2