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(Re	questor's Name)	
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DEPARTMENT OF SYSTEM

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: One have Transportation Name of Limited Liability Company
Name of Emmed Etablity Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Markn Miller
Name of Person
Firm/Company
3842 SW Crary St
.) Address
Port Saint Lucie 34953, Florida City/State and Zip Code
For further information accounts the state of the state o
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 & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin		Company is:			
	(Must end w	Lak Trans ith the words "Limited Liability"	company, "L.L.C.," or	C "LLC.")	
ARTICLE II - Add The mailing address		iress of the principal office of the	e Limited Liability Co	mpany is:	. •
	Principal	Office Address:	<u>M</u>	ailing Address:	
3g	142 Su ort Saint) Cravy St Fhace J.FL, 34953	3842 Port Soin	- SW Crov Flaucie, Fa	u St U,34953
(The Limited Liabil)	ity Company c	et, Registered Office, & Register annot serve as its own Registere tive Florida registration.)			al or
The name and the F	lorida street ac	ddress of the registered agent are			
	;·.	Marlan	Miller_	· · · · · · · · · · · · · · · · · · ·	• ,
•	• •	Name			. •
	`	3842 SW	Gary S	st-	
•		Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)		,
		Port Saint Lucie , 1	FL 34	953	
		City Star	te Zip)	
lace designated in th irther agree to comp	nis certificate, l ply with the pro	gent and to accept service of proc I hereby accept the appointment of ovisions of all statutes relating to igations of my position as registe Registered Age	as registered agent and the proper and comple	agree to act in this te performance of n for in Chapter 605,	capacity. 1 ny duties, and 1
		(CON)	TINUED)	· ·	

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16 CCT 14 AH 10: 34

Title: "AMBR" Authorized Member "MGR" Manager	Name and Address:
MGR-Marlon Malker	Marlen Miller 3842 Sw. Chary St Port Saint Lude, F2, 34953
	
e of filing.)	fic and cannot be more than five business days prior to or 90 d
CLEV: Effective date, if other than the date of effective date is listed, the date must be specite of filing.) If the date inserted in this block does not met current's effective date on the Department of	fic and cannot be more than five business days prior to or 90 det the applicable statutory filing requirements, this date will not be
CLEV: Effective date, if other than the date of effective date is listed, the date must be specite of filing.) If the date inserted in this block does not mee	fic and cannot be more than five business days prior to or 90 det the applicable statutory filing requirements, this date will not be
CLEV: Effective date, if other than the date of effective date is listed, the date must be specite of filing.) If the date inserted in this block does not met current's effective date on the Department of	fic and cannot be more than five business days prior to or 90 det the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifie of filing.) If the date inserted in this block does not meacument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memory This document is executed I am aware that any false is	fic and cannot be more than five business days prior to or 90 det the applicable statutory filing requirements, this date will not be