

L17 000 125101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

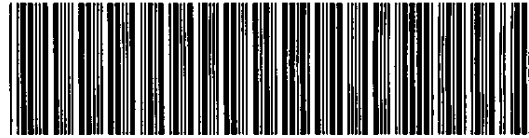
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 JUN - 7 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

n. 5/11/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2017

THOMAS P. HOCK  
6618 ROSY BARB COURT  
LAKEWOOD RANCH, FL 34202

SUBJECT: TRANSIT LABOR SERVICES, LLC  
Ref. Number: W17000041838

We have received your document for TRANSIT LABOR SERVICES, 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):

The registered agent must sign accepting the designation.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 417A00009817

RECEIVED  
17 JUN -5 PM 4:50  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Thomas Hock

6618 Rosy Barb Court

Lakewood Ranch, Florida 34202

MGR

Lou Ann Hock

6618 Rosy Barb Court

Lakewood Ranch, Florida 34202

(Use attachment if necessary)

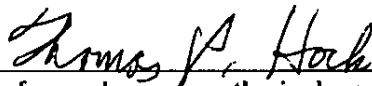
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Thomas P. Hock

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)

FILED  
17 JUN -7 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA