L17000144354

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
÷		

Office Use Only



700300834587

06/29/17--01023--007 **130.00

IT JUL -5 AM 9: 56

COVER LETTER

TO:	Registration Section Division of Corporations
CHDIE	Lostia Transport, LLC
SUBJE	Name of Limited Liability Company
	closed Articles of Organization and fee(s) are submitted for filing.
	Eberson Julien
	Name of Person
	Lostia Transport, LLC
	Firm/Company
	1333 S Dixie Highway #212
	Address
	Deerfield Beach, Florida 33441
	City/State and Zip Code julien.777@live.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Eberson Julien 954 793-6211
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
] \$125.0	O Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing Address New Filing Section New Filing Section

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

	Lostia Transport, LLC	C	
(Must end	with the words "Limited L	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal off	ice of the Limited I	Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
1333 South Dixie H	ighway #212	1333	South Dixie Highway #212
Deerfield Beach, Florida 33441		Deerfield Beach, Florida 33441	
ARTICLE III - Registered Ag The Limited Liability Company	ent, Registered Office, &	Registered Agent	ield Beach, Florida 33441
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration. address of the registered a	Registered Agent Registered Agent. Y .)	ield Beach, Florida 33441
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration. address of the registered a	Registered Agent Registered Agent. Y .) agent are:	ield Beach, Florida 33441
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration. address of the registered a	Registered Agent Registered Agent. Y .)	ield Beach, Florida 33441
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration. address of the registered a	Registered Agent. Y Regist	ield Beach, Florida 33441
ARTICLE III - Registered Ag The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration. address of the registered a Ebers	Registered Agent. Y Registered Agent. Y agent are: son Julien Name	ield Beach, Florida 33441 i's Signature: ou must designate an individu
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration. address of the registered a Ebers	Registered Agent. Y Registered Agent. Y agent are: son Julien Name	ield Beach, Florida 33441 i's Signature: ou must designate an individu

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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

17 JUL -5 AM 9:56
SECRETARY OF STATE
TALLAHASSEF, FISHE

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Eberson Julien
	1333 South Dixie Highway #212
	Deerfield Beach, Florida 33441
1400	
MGR	Labanithe Oscar
	1333 South Dixie Highway #212
	Deerfield Beach, Florida 33441
	
(Use attachment if necessary) FICLE V: Effective date, if other than the date	of filing: .(OPTIONAL)
FICLE V: Effective date, if other than the date on effective date is listed, the date must be spedate of filing.) te: If the date inserted in this block does not not document's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be liste
TICLE V: Effective date, if other than the date on effective date is listed, the date must be spedate of filing.)	ecific and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be liste
FICLE V: Effective date, if other than the date on effective date is listed, the date must be spedate of filing.) te: If the date inserted in this block does not ned document's effective date on the Department of the Department	ecific and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be liste of State's records.
TICLE V: Effective date, if other than the date on effective date is listed, the date must be specified of filing.) te: If the date inserted in this block does not not document's effective date on the Department of the Departme	ecific and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be liste of State's records.
PICLE V: Effective date, if other than the date n effective date is listed, the date must be speciate of filing.) e: If the date inserted in this block does not n document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed of State's records. mber or an authorized representative of a member. Ed in accordance with section 605.0203 (1) (b), Florida Statutes.

ARTICLE IV-

Page 2 of 2

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)