

L18000047948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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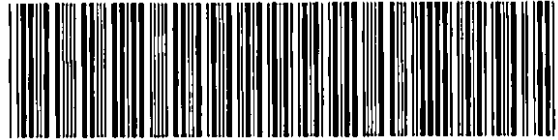
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/22/18--01012--025 **130.00

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18 FEB 22 PM 12:19
SEC. OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

FEB 26 2018

**TO: New Filing Section
Division of Corporations**

DATE: February 16, 2018

SUBJECT: Eva's Transport Services, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eva Moon
Managing Member
1350 Coverbrook Lane
Sebastian, FL 32958

Email: Walmoon2@aol.com

For further information concerning this matter, please call: Eva Moon at 772-589-0635

Enclosed is a check for the following amount: \$130.00 Filing Fee (\$125 filing fee; \$5 certificate of status)

Mailing Address Street
New Filing Section
Division of Corporations Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**ARTICLES OF ORGANIZATION FOR EVA'S TRANSPORT SERVICES LLC, A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: Eva's Transport Services, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

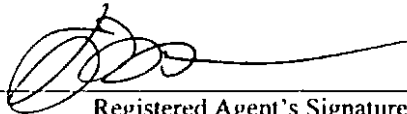
Principal Office and Mailing Address: 1350 Coverbrook Lane
Sebastian, FL 32958

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Eva Moon
1350 Coverbrook Lane
Sebastian, FL 32958

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..



Registered Agent's Signature

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

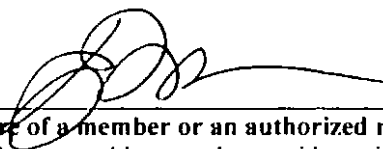
Eva Moon
1350 Coverbrook Lane
Sebastian, FL 32958
Title: Managing Member

Gladys Walczak
1350 Coverbrook Lane
Sebastian, FL 32958
Title: Authorized Member

ARTICLE V: Effective date is date of filing.

ARTICLE VI: Other provisions, if any.

N/A



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.

Eva Moon

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
18 FEB 22 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FL 32304