

L18000059034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

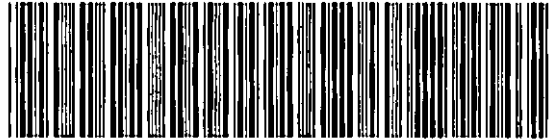
(Business Entity Name)

(Document Number)

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N CULLIGAN

MAR 9 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: G A TRANSPORTATION LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

YOLEISY GOMEZ  
Name of Person  
G A TRANSPORTATION LLC  
Firm Company  
3121 13TH ST SW  
Address  
LEHIGH ACRES, FL 33976  
City/State and Zip Code  
JESSE@JEMATAXES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSE REYES                      239                      244-9450  
Name of Person                      at (                      )                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 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

G A TRANSPORTATION CORP  
3121 14<sup>TH</sup> ST. SW  
LEHIGH ACRES, FL 33976  
(786)617-2082

February 22, 2018

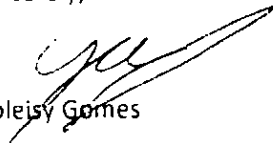
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Ref: Document Number P16000076417.

This letter is to certify that I, Yoleisy Gomez, President of G A Transportation Corp., I will not intent to revoke the dissolution of the above mention corporation, and we'll like to register the same name G A Transportation LLC, please find attached the articles of organization for a Limited liability company.

If you have any questions or need more information please contact me at the above address.

Sincerely,



Yoleisy Gomez

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

G A TRANSPORTATION LLC

(Must contain the words "Limited Liability 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:

3121 14TH ST SW  
LEHIGH ACRES, FL 33976

3121 14TH ST SW  
LEHIGH ACRES, FL 33976

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:

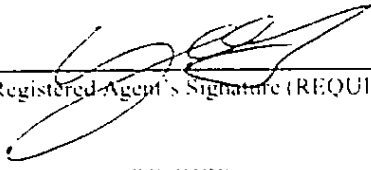
YOLEISY GOMEZ  
Name

3121 14TH ST SW  
Florida street address (P.O. Box **NOT** acceptable)

LEHIGH ACRES FL 33976  
City State Zip

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STATE OF FLORIDA  
TALLAHASSEE

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 (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

**Name and Address:**

YOLEISY GOMEZ

3121 14TH ST SW

LEHIGH ACRES, FL 33976

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

YOLEISY GOMEZ

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 MAR -5 PM 12:55

FILING