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(Requestor's Name)				
(Äddress)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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18 JUN 21 PM 3: 21

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T. SCHROEDER

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Shabanen Transportation LLC Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:				
3115 (alkano DR Address				
Lando Lakes fl 34639 City/State and Zip Code S.am 2621994 © ×9800.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount: \$\int \text{S125.00 Filing Fee} \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{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 Circle.				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or LLC.")

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

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

Principal Office Address:

another business entity with an active Florida registration.)

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The name and the Florida str	eet address of the registered agent are:		
	~ 1/0/3> 5/10/30	M911	
Florida street address (P.O. Box NOT acceptable)			
	Landolakes fl City State	34639 Zip	
place designated in this certif	ered agent and to accept service of process for icate, I hereby accept the appointment as reg the provisions of all statutes relating to the pr the obligations of my position as registered as	isierea agent and agree to act in oper and complete performance	of my duties, and l
•	Registered Agent's S	ignature (REQUIRED)	
	(CONTINU	ED)	FILE 271 JUH 21

Mailing Address:

The name and address of each person authorize	ed to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
MER-OSamenshalaney	panama (ity FL = 2405
AMBRI <u>hab</u> shabaneh	Zand Dlakes FL 34639
	
(Use attachment if necessary)	
the date of filing)	the applicable statutory filing requirements, this date will not be listed as ate's records.
REQUIRED SIGNATURE:	
This document is executed in	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.
	yped 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)

ARTICLE IV-