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	(Requestor's Name)
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☐ º	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
Certified Copie	es Certificates of Status
Special Inst	uctions to Filing Officer:
	Office Use Only



07/18/18--01005--004 \*\*125.00



COVER LETTER

	COVEKDILLING
TO:	New Filing Section Division of Corporations
SUBJ	ECT: POHER TRANSPORT LLC  Name of Limited Liability Company
	nclosed Articles of Organization and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
•	James Jaron Potter
	3525 Sunny gide DR
	Address
	Tallahassee FL 32305  City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	further information concerning this matter, please call:
FOL	James Pottelai (850) 300 - 8973  Name of Person Area Code Daytime Telephone Number
- 1	nclosed is a check for the following amount:  125.00 Filing Fee  S130.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne: imited Liability Company is:	
The lattice of the B.	Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Ad The mailing addres	Idress: ss and street address of the principal office of the Limited Liability Company is:	
	Principal Office Address: Mailing Address:	
30	25 Sunnyside Dr Same	<del></del> :
172	Illahassed FC 39305	·
(The Limited Liab	Registered Agent, Registered Office, & Registered Agent's Signature: oility Company cannot serve as its own Registered Agent. You must designate an individual or entity with an active Florida registration.)	
The name and the	Florida street address of the registered agent are:  Serves Potter  Name  3525 SunnySide DR  Florida street address (P.O. Box NOT acceptable)	18 JUL 16 ANTH: 5
	Tallahassee FL 32305 City State Zip	<b>∈ o</b>
place designated i	ed as registered agent and to accept service of process for the above stated limited liability comp in this certificate, I hereby accept the appointment as registered agent and agree to act in this ca comply with the provisions of all statutes relating to the proper and complete performance of my a and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	duties, and I

(CONTINUED) .

l'itle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
, ·	
AMOR	Tamas Daron Potter
7317105	35.75 Sunny side DE
	Tallahassee JEU 32305
<u> </u>	5,
	•
(Use attachment if necessary)	른:
ective date is listed, the date must k	date of filing: (OPTIONAL)
EV: Effective date, if other than the lective date is listed, the date must keep of filing.) If the date inserted in this block does ament's effective date on the Department.	oe specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
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