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SEGRETARY OF STATE
ALLAHASSEE, FLORIO

D O'KEEFE

SEP 04 2018

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2018 SEP-4 AMIO: 1/3

## COVERLETTER

| TO: New Filing Section Division of Corporations  |
|--|
| SUBJECT: LCNEY TRANSPORT. 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:  |
| LAZARO HERNANDEZ Name of Person  |
| Name of Person   |
|  |
|  |
| Address  MAYO FL 32066.  City/State and Zip Code  HERNANDEZ LAZARO 832 Q Y Ahoo. COM  E-mail address: (to be used for future annual report notification)   |
| Address  |
| MAYO, FL 32066.  |
| City/State and Zip Code  |
| HERNANDEZ CAZARO 832 (20 9 And 0 . CO) .  E-mail address: (to be used for future annual report notification)   |
| ,  |
| For further information concerning this matter, please call:   |
| LAZARO HERNANDEZ at (386) 274-9495  Name of Person Area Code Daytime Telephone Number  |
| Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \ \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ \tex |
| Mailing Address Street 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

| ١ | R | T | C | LE | 1 - | Na | me | : |
|---|---|---|---|----|-----|----|----|---|
|---|---|---|---|----|-----|----|----|---|

The name of the Limited Liability Company is:

LONGR TRANSPORT 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: |
|---------------------------|------------------|
| LAZARO HERNÁNDEZ          | 8256 E-US27.     |
| 8256 E - US 27.           | MAYO, FL 32066.  |
| MAYD, FL 32066.           |                  |

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:

LA2ARO. HERNANDEZName

8256 - E - US 27.

Florida street address (P.O. Box NOT acceptable)

MAYO FL 32066.

City State Zip

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)

SERVETARY OF STATE

| Title: "AMBR" = Authorized Member   | Name and Address:  |
|---|--|
| "MGR" = Manager   | ALSO E- US 27.<br>MAYO, FL 32066.  |
| A-mb)   | AMBR - MARIA F, PEREZ<br>3256 E-US 27.<br>MAYO FL 32066.   |
| <del></del>   |  |
|   |  |
| (Use attachment if necessary)   |  |
| (If an effective date is listed, the date must be specifi<br>the date of filing.) | iling: 9-4-2018 (OPTIONAL) c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as state's records. |
| ARTICLE VI: Other provisions, if any.   | · · · · · · · · · · · · · · · · · · ·  |
| REQUIRED SIGNATURE:   | ing)   |
|   | er or authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida Statutes.  |

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

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

 ${\bf S125.00\; Filing\; Fee\; for\; Articles\; of\; Organization\; and\; Designation\; of\; Registered\; Agent}$ 

constitutes a third degree felony as provided for in s.817.155. F.S.  $\frac{LA2AR3HERNANDEZ}{Typed or printed name of signee}$ 

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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