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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

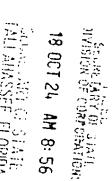




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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Superior Private Transportation of SWF 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:
Cynthia Taylor Name of Person
Superior Private Transportation of SWF
12914 3 rd 8+ Address
Fort Mys & A 33905 City/State and Zip Code Superior privates Com E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Cyrthia Taylorat (139) 440.9789 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Ouperior Private Transportation of SWFL LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
12914 3rd (1+ Fort Myers + h 33705	12914 3rd 5t Fort Myers FL 33905
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agen	nt are:
Amber 1	noore
12914 3rd Florida street address (P.O) Roy NOT recordable)
	FL 33905
City U	State Zip
Having been named as registered agent and to accept service of place designated in this certificate, I hereby accept the appointm further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as res	ent as registered agent and agree to act in this capacity. I g to the proper and complete performance of my duties, and I

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Men "MGR" = Manager	0 11 -1 1	
	Cyntha Taylor	
, J ,	Frit Myers FL 33705	
ambo	January III	
JIIIVIC	1291413rd st	
	Fort Myers F1 33905	
	v	
(Use attachment if necessary)	
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