## 480025670

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

| TO: New Filing Section Division of Corporations  |
|--|
| SUBJECT: Rand D Transport al Florida () () Name of Dimited Liability Company   |
| The state of Assistant Commission and English and Engl |
| The enclosed Articles of Organization and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| Warico Mc Criff  |
| Name of Person   |
|  |
|  |
| 208 Early 312 AVE  |
| Address  |
|  |
| City/State and Zip Code  Tray 1405 (a a mails com  E-mail address: (to be used for future annual report notification)  |
| City/State and Zip Code  |
| Tray 7405 agnilican  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Marrico McC-ill at (S50) 363-4311  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 Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)  |
| Mailing Address Street Address   |
| New Filing Section New Filing Section Division of Corporations Division of Corporations  |
| Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building   |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited Liability O  | Company is:     |                        |                        |              |  |
|---|-----------------|------------------------|------------------------|--------------|--|
| Rand C  | Tranggord       | Liability Compan       | iv. "L.L.C" or "LLC.") |              |  |
| ARTICLE II - Address:<br>The mailing address and street address   |                 |                        |                        |              |  |
| <u>Principal</u>  | Office Address: |                        | Maiting Address:       |              |  |
| 303 E443 806<br>HAVANA FJA  | 141/E<br>152333 |                        | Sime                   | <del> </del> |  |
| 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 ad-   |                 |                        |                        |              |  |
|   | Marrico         | Name Name              | <u> </u>               | i            |  |
|   | 204 Eask        | ss (P.O. Box <u>NO</u> | [ acceptable)          |              |  |
|   | HAVARA          | Fla                    | <u>~</u>               |              |  |
|   | 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)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Marrico McGrill MCB BOU EARL BOD AVE HABOURF (Use attachment if necessary) \_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ (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. Third M. Swiggett 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)