

L18000287203

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☐ PICK-UP

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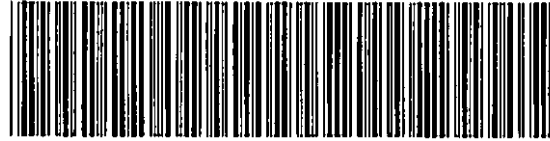
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2018

NEIL DAVID JURMAN
1617 EAST PACIFIC LANE
INVERNESS, FL 34453

INVERNESS

SUBJECT: AIRPORT TRANSPORTATION SERVICE OF INCERES FLORIDA,
LLC
Ref. Number: W18000105404

We have received your document for AIRPORT TRANSPORTATION SERVICE OF INCERES FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specimens you submitted are not legible and are unacceptable for imaging purposes. Please submit three legible specimens for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 318A00025055

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AIRPORT TRANSPORTATION OF INVERNESS FLORIDA 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:

NEIL DAVID JURMAN
Name of Person

AIRPORT TRANSPORTATION OF INVERNESS FLORIDA
Firm/Company

1617 EAST PACIFIC LANE
Address

INVERNESS / FLORIDA / 34453
City/State and Zip Code

airportservice@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEIL DAVID JURMAN at (973) 698-9010
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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 - Name:

The name of the Limited Liability Company is:

AIRPORT TRANSPORTATION OF INVERNESS FLORIDA LLC

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

ARTICLE II - Address:

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

Principal Office Address:

1617 EAST PACIFIC LANE
INVERNESS FLORIDA 34453

Mailing Address:

1617 EAST PACIFIC LANE
INVERNESS FLORIDA 34453

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.)

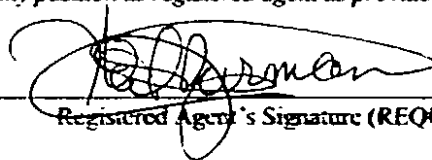
The name and the Florida street address of the registered agent are:

NEIL DAVID JURMAN
Name

1617 EAST PACIFIC LANE
Florida street address (P.O. Box ~~NOT~~ acceptable)

INVERNESS FLORIDA 34453
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:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

NEIL DAVID JURMAN
1617 EAST PACIFIC LANE
INVERNESS FLORIDA 34453

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

NEIL DAVID JURMAN

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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SECTION OF REGISTRATION