

L19000042361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

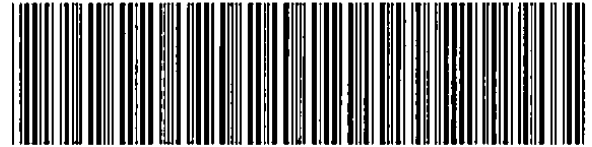
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800325064558

800325064558  
02/13/19--01001--015 \*\*130.00

19 FEB 19 PM 12:01

SECRETARY OF STATE  
FALL HASSELT 12/15/18

FEB 19 2019

C. K...

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SPECIALIZED TRANSPORT & HEAVY HAULING EXPERTS 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:

BOBBY BOYD  
Name of Person

8501 SW 75TH ST #11

GAINESVILLE  
Address

GAINESVILLE FLORIDA 326  
City/State and Zip Code

33 BOBBY BOYD@GMAIL.COM  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

BOBBY BOYD at 352 219-0652  
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:

SPECIALIZED TRANSPORT & HEAVY HAULING EXPERTS 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:

501 SW 75<sup>TH</sup> ST H 11  
GAINESVILLE FL 32607

Mailing Address:

501 SW 75<sup>TH</sup> ST H 11  
GAINESVILLE FL 32607

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:

BOBBY BOYD  
Name  
501 SW 75<sup>TH</sup> ST H 11  
Florida street address (P.O. Box **NOT** acceptable)  
GAINESVILLE FL 32607  
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, am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
CLERK OF THE COURT  
2019 FEB 19 PM 2:09

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

AMBR

BOBBY BOYD

201 SW 75TH ST H11  
GAINESVILLE FL 32607

KATRECE L BOYD

201 SW 75TH ST H11  
GAINESVILLE FL 32607

(Use attachment if necessary)

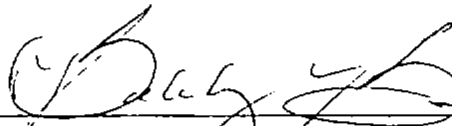
ARTICLE V: Effective date, if other than the date of filing: 2/19/19 (OPTIONAL)

(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.

BOBBY BOYD

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)

FILED--  
2019 FEB 19 PM 2:09  
ALLAHASSEE/CLASKE