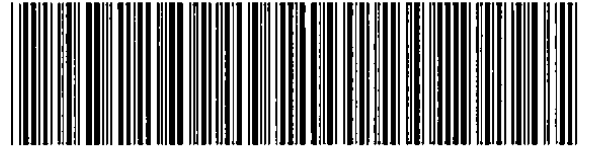


L19 000210238



100331976811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

07/19/19

FILED

2019 AUG 22 PM 3:53

SECRETARY OF STATE
-FILED MASSACHUSETTS-

Special Instructions to Filing Officer:

Office Use Only

N. SAMS
AUG 23 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2019

GREGORY T KING JR
PO BOX 2753
BELLE GLADE, FL 33430 US

SUBJECT: KING ENTERPRISE LLC.
Ref. Number: W19000070008

FILED
2019 AUG 22 PM 3:53
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for KING ENTERPRISE LLC. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 919A00015859

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 919A00015859

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 24 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:

Gregory T. King Jr

Name of Person

24 Transport LLC.

Firm/Company

P.O. BOX 2753

Address

Belle Glade, FL 33430

City/State and Zip Code

24transportllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory T. King Jr at (561) 449-6617
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:

24 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:

31 Prewitt village Apt A
Belle Glade, Fl 33430

Mailing Address:

P.O. BOX 2753
Belle Glade, Fl 33430

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:

Gregory T. King Jr

Name

31 Prewitt village Apt A

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

<u>Belle Glade</u>	<u>Fl</u>	<u>33430</u>
City	State	Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 AUG 22 PM 3:53

FILED

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)

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:

Gregory T. King Jr

MGR

2019 AUG 22 PM 3:53
SECRETARY OF
TREASURY
TALLAHASSEE FL 32399

FILED

(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; 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.

Gregory T. King Jr

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)