

L19000215828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

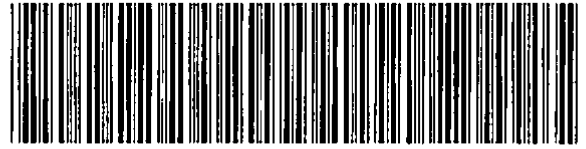
Certified Copies _____ Certificates of Status _____

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SEP 03 2019



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07/19/19--01011--08 *\$100.00

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FILED
19 AUG 20 PM 1:30
SECRET
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2019

BIZI TRANSPORT LLC
101 SYLVANA CT
AUBURNDALE, FL 33823

SUBJECT: BIZI TRANSPORT LLC
Ref. Number: L18000101485

We have received your document for BIZI TRANSPORT 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 519A00015087

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19 AUG 20 PM 1:30
SECRETARY
TALLAHASSEE, FL 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BIZI 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:

Libby OWENS
Name of Person

BIZI TRANSPORT LLC
Firm/Company

101 SYLVANA CT
Address

AUBURNDALE, FLA 33823
City/State and Zip Code

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

For further information concerning this matter, please call:

Libby OWENS at 863 207-6402
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

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19 AUG 20 PM 1:30
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIZI 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:

101 SYLVANA CT,
AUBURNDALE
FL 33823

Mailing Address:

101 SYLVANA CT
AUBURNDALE
FL 33823

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:

LIBBY OWENS

Name

101 SYLVANA CT

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

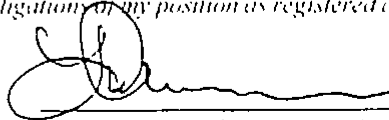
AUBURNDALE FL 33823

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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19 AUG 20 PM 1:30
SECRETARY
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

LIBBY OWENS MGR

GAIL SIMONS AMBR

Name and Address:

101 SYLVANA CT
AUBURNDALE
FL 33823

101 SYLVANA CT
AUBURNDALE
FL 33823

(Use attachment if necessary)

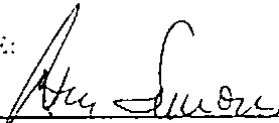
ARTICLE V: Effective date, if other than the date of filing: AUGUST 26, 2019 (OPTIONAL)

(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.

GAIL SIMONS

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)

SECRETARY OF STATE
FALLAH ASSAF

19 AUG 20 PM 1:30

FILED