## L190002381

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
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## COVER LETTER

TO:

New Filing Section

Division of Corporations
SUBJECT: Florida International Transport SVCS. Name of Limited Liability Company
The enclosed Articles of Organization and feets) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Giulietta Minerva
to Circle Dr
2209 Paul Russell Cir
Tallahassee FL 32301  City/State and Zip Code  jettaminervae hotmail com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sum_{\text{S125.00 Filing Fee}} \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Florida International Trans (Must contain the words "Limited Liability C	ompany. "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
Tallahasse FL 32301 2209 Paul Russell Cir	same as principal of

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Tallahassee FLCRIDA 32301

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.

Multb 4. Minerie
Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  MGR	Lacry Harrell 651 5 912 St. Quincy Florida 32351
(Use attachment if necessary)	
an effective date is listed, the date mus date of filing.) ite: If the date inserted in this block do	es not meet the applicable statutory filing requirements, this date will not b
an effective date is listed, the date must date of filing.)  te: If the date inserted in this block do document's effective date on the Department.	et be specific and cannot be more than five business days prior to or 90 o es not meet the applicable statutory filing requirements, this date will not b
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an effective date is listed, the date must date of filing.)  ote: If the date inserted in this block do a document's effective date on the Deport TICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document is 1 am aware that	et be specific and cannot be more than five business days prior to or 90 o es not meet the applicable statutory filing requirements, this date will not b

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)