## L19000282397

(Requestor's Name)
(Address)
(Address)
(6) (6) (7) (6)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: <u>Drive Line Transportation LLC</u> Name of Lir	mited Liability Company	
The enc	losed Articles of Organization and fee(s) a	re submitted for filing.	
Please r	eturn all correspondence concerning this m	natter to the following:	
	Larry Driver	Name of Person	
		Firm/Company	
	971 Chelsea Ave	Address	
	Sebastian, FL 32958	City/State and Zip Code	
.ldri	ver1951@gmail.com E-mail address: (to be use	d for future annual report notifies	ation)
For furtl	her information concerning this matter, ples	ase call:	
<u>Larry C</u>	Name of Person at (	772 ) <u>321-4824</u> Area Code Daytime Te	lephone Number
Encloses □ \$125.06	d is a check for the following amount:  Diffling Fee Status  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 Registration Section Division of Corporations P.O. Box 6327 Tallahussee, F1, 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Drive Line Transportation LLC (Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLO	C.")	
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company	y is:	
Principal Office Address:	Mailing Address:		
971 Chelsea Ave Sebastian, FL 32958	971 Chelsea Ave Sebastian, FL 32958		
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr The name and the Florida street address of the register	own Registered Agent. You must designate ation.)	e an individual or	U n
Larry Driver	ame		줘. 
971 Chelsea Ave Florida street address (P.O.		Carross	71 SE ST
<u>Sebastian</u> City	FI, 32958 Zip	: 23	
Having been named as registered agent and to accep the place designated in this certificate, I hereby ac capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the	it service of process for the above stated lin reept the appointment as registered agent a ons of all statutes relating to the proper and obligations of my position as registered age hapter 605, F.S	nd agree to act in this d complete performance	•

(CONTINUED)

Page 1 of 2

	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	
	AMBR	Larry Driver
		971 Chelsea Ave
		Sebastian, FL 32958
\RTIG	(Use attachment if necessary)  LE V: Effective date, if other than the	date of filing:
If an e	TLE V: Effective date, if other than the	date of filing;
lf an e he dat	TLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  TLE VI: Other provisions, if any.	date of tiling;
lf an e he dat	CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  CLE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days after
If an e he dat	CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  CLE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days after

ARTICLE IV-

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

Typed or printed name of signce

Larry Driver

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)