

L200000045882

(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

K. PAGE

FEB 17 2020



200339408652

01/24/20--01006--024 \*\*160.00

FILED

2020 JAN 24 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: VeriRideshare L.L.C.  
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:

JEFFREY S. WALLIG  
Name of Person

VeriRideshare L.L.C.  
Firm/Company

901 HERITAGE GROVES DRIVE  
Address

BRANDON, FLORIDA 33510  
City/State and Zip Code

JEFF4U2000 @ AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY S. WALLIG at (440) 728-0488  
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:

VeriRideshare L.L.C.

(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:

901 HERITAGE GROVES DRIVE  
BRANDON, FLORIDA  
33510

Mailing Address:

901 HERITAGE GROVES DRIVE  
BRANDON, FLORIDA  
33510

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:

JEFFREY S. WALLING  
Name  
901 HERITAGES GROVES DRIVE  
Florida street address (P.O. Box **NOT** acceptable)  
BRANDON, FLORIDA 33510  
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.

Jeffrey S. Walling  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2020 JAN 24 PM 5:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

AMBR

**Name and Address:**

JEFFREY S. WALLING  
901 HERITAGE GROVES DRIVE  
BRANDON, FLORIDA

MATTHEW J. KING  
18138 CLIFTON ROAD  
LAKEWOOD, OHIO 44107

SCOTT NORDHAUS  
6037 LAKEHURST AVE.  
DALLAS, TEXAS 75230

MATTHEW JAMES  
132 CENTRAL AVE.  
AMHERST, OHIO 44001

(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 as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Jeffrey S. Walling

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.

JEFFREY S. WALLING

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)

2009 JAN 24 PM 5:14  
SEC. OF STATE  
TALLAHASSEE, FL

FILED