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# COVER LETTER

**New Filing Section** 

TO:

Division of Corporations		
SUBJECT: Dr P Transpo	it LLC	
Name of Limi	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
$\partial a/a + A = 2A$	toda.	
Delevontiz, D. G	Name of Person	
26 Ridge wa	u Ct	
	•	
Craw Ford ville F	-1 32327	
Ci w For a velle Ci	ty/State and Zip Code	_
Mr del w 12 (1) (-100	allicam	
E-mail address: (to be used	for future annual report notificatio	on)
for further information concerning this matter, please	call:	
ash of the	460 . 624-1202	
Sidney Cibson at (	rea Code Davtime 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	Street Address	
New Filing Section	New Filing Section Div	
Division of Corporations P.O. Box 6327	The Centre of Tallahas 2415 N. Monroe Stree	
Tallahassee, FL 32314	Tallahassee, FL 32303	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Dn P Transport LLC
(Must conatin 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:	Mailing Address:
Db Adgeway Ct Craw Ford usile # 32327	Crawfordville F132327

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:

Sidn	ey (lib	son
	Name	1
Plorida street address	reway	Ct
Florida street address	(P.O. Box <u>NO</u>	${f T}$ acceptable)
Crawford	ville FL	39397
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. Thereby 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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## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  OGRALI ML7R	Dele Vontez D. Washington 20 Nodseway Ct Craw Ford ville Et 32327
MGN	Sidney Gibson 3103 Nalekley Pr Tallahassee ( 32305
(Use attachment if necessary)	
If an effective date is listed, the date must be date of filing.)	e date of filing:
REQUIRED SIGNATURE:	
Signature o This document is I am aware that an	fa member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Deleva	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)

S 5.00 Certificate of Status (Optional)