

L20 000 198549

(Requestor's Name)

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(Business Entity Name)

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2020 JUL 16 PM 2:08  
SEC. OF STATE  
TALLAHASSEE, FL 32399

2020



Department of State  
Division of Corporations

Stealth Courier LLC  
1531 Commonwealth Business Dr.  
Ste 105  
Tallahassee, Fl. 32303  
850-294-5632

03 JUL 16 07:12:09

## Stealth Courier Box

Company: EUROLIFESTYLE TRANSPORTATION LLC

Requester: Advance Insight

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Eurolifestyle Transportation, 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:

Remilekun Adelaja  
Name of Person

Eurolifestyle Transportation, LLC  
Firm/Company

5520 South University Dr Apt 2303  
Address

Davie, FL 33328  
City/State and Zip Code

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

For further information concerning this matter, please call:

Remilekun Adelaja ( 954 ) 559-5149  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EuroLifestyle Transportation, 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:

5520 South University Dr  
Apt 2303  
Davie, FL 33328

Mailing Address:

5520 South University Dr  
Apt 2303  
Davie, FL 33328

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.)

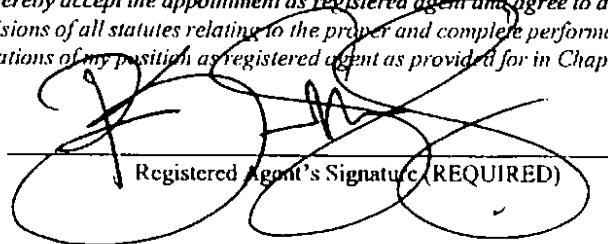
The name and the Florida street address of the registered agent are:

Bemilekun Adelaja  
Name

5520 South University Dr #2303  
Florida street address (P.O. Box NOT acceptable)

Davie FL 33328  
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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2020 JUL 16 PM 2:03  
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

AMBB

Name and Address:

Remilekun Adelaja  
5520 S University Dr #2303  
Davie, FL 33308

(Use attachment if necessary)

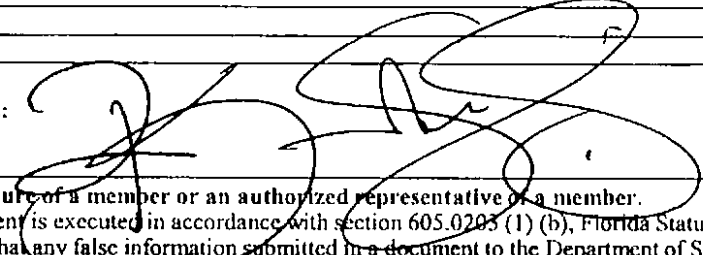
ARTICLE V: Effective date, if other than the date of filing: 7/10/20 (OPTIONAL)

(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.

Remilekun Adelaja  
Typed or printed name of signer

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)