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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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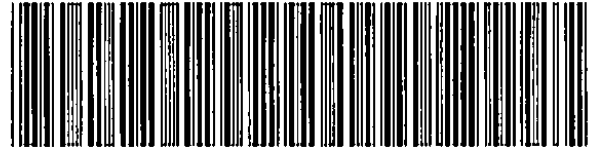
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 JUL 16 PM 12:23  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Trusted Hands Transportation  
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:

Eusebra Elaina Harris  
Name of Person

Trusted Hands Transportation  
Firm/Company

4617 S.E 2nd Place  
Address

Gainesville Florida 32641  
City/State and Zip Code

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

For further information concerning this matter, please call:

Eusebra Harris at (352) 240-2416  
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

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TALLAHASSEE, FL

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Trusted Hands 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:**4617 S.E 2nd Place  
Gainesville Florida 32641**Mailing Address:**4617 S.E 2nd Place  
Gainesville FL 32641**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:

Eusebra Harris

Name

4617 S.E 2nd PlaceFlorida street address (P.O. Box **NOT** acceptable)Gainesville Florida 32641

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..

Eusebra Harris

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 JUL 16 PM 12:23  
STATE  
GAINESVILLE, 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/MGR

AMBR/MGR

**Name and Address:**

Eusebra Elaine Harris  
4617 S.E. 2nd Place  
Gainesville Florida 32641

Bernard Bradshaw Jr.  
32 NE 45th Street  
Gainesville Florida 32641

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 10, 2020 (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 on the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**

Eusebra Harris

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.

Eusebra Harris

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)

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CLERK OF STATE  
TALLAHASSEE, FL