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Derrick Thompson

COVER LETTER

Division of Corporations
SUBJECT: A Premiere Transportation Group 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:
Mark White Name of Person
Name of Person
A Premiere Transportation Group L.L.C. Firm/Company
P.O. Box 611320/2920 Heritage Drive #A
Port Huron, MI 48061-1320/Fort Gratiot MI 48059 City/State and Zip Code
Premiere Transportation group@ yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Many 1.76:40 210 . 2925214
Mark White at (810) 292-5260 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$155.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)

Mailing Address

TO:

New Filing Section

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

The name of the Limited Liability Company is:				
A D	_	_	,	

A Premiere Transportation Group L.L.C. (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

2312 Wilton Drive Suite 140 2312 Wilton Drive Suite 140 Wilton Manors, FL 33305 Wilton Manors, FL 33305		
	2312 Wilton Drive Suite 140 Wilton Manors, FL 33305	2312 Wilton Drive Suite 140 Wilton Manors, FL 33305

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate a

(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:

Principal Office Address:

Mark White

Name

2312 Wilton Drive Suite 14C

Florida street address (P.O Box NOT acceptable)

Wilton Manors Fl 33305

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)

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 M G R	Mark White Port Huron, M	0 F 48061-1320
MGR	Wilson Santi 555 SW 14th Av Fort Lauderdale	990 10 Unit A 15 J 33312-2401
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the di (If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does no the document's effective date on the Departme	ot meet the applicable statutory filing re	
ARTICLE VI: Other provisions, if any.	nt or State s records.	
REQUIRED SIGNATURE:	Wlut	
Signature of a	member or an authorized representa cuted in accordance with section 605.0	

constitutes a third degree felony as provided for in s.817.155, F.S. Mark J. White
Typed or printed name of signee

as

I am aware that any false information submitted in a document to the Department of State

Filing Fees:

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

- S 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)