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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TPS 11725@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. HIGH REV TRANSPORTATION SVCES LLC

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H21000048671

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	u U	
, , ,		
HIGH REV TRANS	SPORTATION SVCES LLC	
(Must end with the words	s "Limited Liability Company, "L.L.C" or "L.L.C.")	
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	2021
2422 EVERGREEN AVE	2422 EVERGREEN AVE	6 <u>3</u> 3
DELTONA, FL 32738	DELTONA, FL 32738	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	as its own Registered Agent. You must designate an individual registration.)	or .
JOSE BALBUEN		
JUSE BALBUEN	Name	
0400 51/50005		
2422 EVERGRE	EN AVE	

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)

JOSE BALBUENA

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	JOSE BALBUENA
AMBR	
	2422 EVERGREEN AVE DELTONA, FL 32738
	DELTONA, FL 32730
AMBR	FRANCISCO JANER LIRIANO CARMONA
	2422 EVERGREEN AVE
	DELTONA, FL 32738
	,
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
E V: Effective date, if other than the ective date is listed, the date must bof filing.)	date of filing:
(Use attachment if necessary) E. V: Effective date, if other than the sective date is listed, the date must b of filing.) E. VI: Other provisions, if any.	date of filing:
E V: Effective date, if other than the rective date is listed, the date must bof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmation I am aware that any falls)	date of filing:
E V: Effective date, if other than the ctive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmation I am aware that any falling its constitutes and its cons	a member of an authorized representative of a member. tion 605.0203 (1) (b). Florida Statutes, the execution of this documen on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State