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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

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TQ: New Filing Sec Division of Cor		·
SUBJECT: LC	. O Transportation	LLC
	Name of Limited Liability Comp	any
The enclosed Articles of	Organization and fee(s) are submitted for filing	<u>.</u> .
Please return all correspo	ndence concerning this matter to the following	! .
	Name of Person	
	Name of Person	
	CO Transportation	n LLC
	This company	
136	7 Waffle St Address	
Pal	m Bay, FL, 32 Orta & @ g ma 12.00	909
Line	Or L D G a mo / 100	ide M∕\
<u> </u>	E-mail address. (to be used for future annual re	port notification)
lar fiethar information on	ncerning this matter, please call;	
ror turner information con	accining this matter, please can.	
Cynthia	Santiago at 321) 36 e of Person Area Code Dayti	8-3581
Nam	e of Person Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:	
□\$125.00 Filing Fee	☐\$130.00 Filing Fee & ☐\$155.00 Filing Certificate of Status	Certificate of Status &
		~_1

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 . છ:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

LCO transportation	LLC
(Must contain the words "Limited Liability Con	
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
1367 Waffle St	1367 Wartle St. 191m By, FL 32909
1367 Waffle St Palm Buy, FL 32909	Palm By, FL 32909
(The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
Cynthia San 1367 Wartle	tiago
Name	
1367 wartle	5t
Florida street address (P.O. Box	
Palm Bay Bu	32909

(CONTINUED)

State

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.,

Zip

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company.

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	Laic Orte	
MGK	1367 uneffle st	
	1367 WAFFIC St. 89/m By FL 32909	
0.000	0 11: 5 1:00	
AMBR	Cynthia Santiago	
	Cynthia Santiago 1367 waffle St. 191m By, FL 32909	
	11 291	
		
		
		
		
(Use attachment if necessary)		
•	ne date of filing: $1-5-7021$ (OPTION)	
e date of filing.) ote: If the date inserted in this block doe ne document's effective date on the Depar	s not meet the applicable statutory filing requirements, this date them of State's records.	e will not be listed
RTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Signature o	of a member or an authorized representative of a member.	
	executed in accordance with section 605.0203 (1) (b). Florida 5	
	ny false information submitted in a document to the Department degree felony as provided for in \$ 817.155, F.S.	or State
,		
<u></u>		<u></u>
	Typed or printed name of signee	::
	1999 19	
ciacoo in a company	Filing Fees:	· •••
	of Organization and Designation of Registered Agent	<u>.</u>
S 30.00 Certified Copy (Optio S 5.00 Certificate of Status (C		: :
2 2.00 Certificate of Status (c	zyconary	·
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