

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC

Account Number : I20170000039

Phone : (407)301-2659 Fax Number : (407)846-0320

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

FLORIDA LIMITED LIABILITY CO. **KRPTRANSPORT LLC** 

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

## COVER LETTER

TO:	New Filing Se Division of Co				
SUBJE		ANSPORT LLC			
30036	~ · · · · · · · · · · · · · · · · · · ·	Nan	ne of Limited Li	ability Company	
The enc	losed Articles of	Organization and	fee(s) a <del>re</del> submi	ned for filing.	
Please re	etum all corresp	ondence concernin	g this matter to t	he following:	
	KEVIN M I	RIVERA PEREZ			
		<del> </del>	Nam	e of Person	
	K R P TRA	NSPORT LLC			
		*, ,	Firm	/Company	
	4603 ROSS	LANIER LN			•
			A	ddress	
	KISSIMME	E FL 34758			
	RRENDA M	AS@AOL.COM	City/Stati	and Zip Code	
			be used for fute	re annual report notifica	ution)
For furthe		ncerning this matte		,	
	BRENDA M	AS	407 at (	3012659	
	Nan	ne of Person	Area Cod	Daytime Telepho	ne Number
Enclose	disambeek for t	he following amou	nt:		
	.00 Filing Fee	□\$130.00 Filin Certificate of S	g Foe & □S arus Co	1155.00 Filing Fee & tified Copy ional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi	ng Address illing Section on of Corporations lox 6327		Street Address New Filing Section I The Centre of Tallal 2415 N. Monroe Str	hassec
	Tallab	assee, FL 32314		Tallahassee, FL 323	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TICLE I - Name:	
name of the Limited Liability Company is:	
K R P TRANSPORT 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:	Mailing Address:
4603 ROSS LANIER LN	4603 ROSS LÄNIER LN
KISSIMMEE FL 34758	KISSIMMEE FL 34758

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 antity with an active Florida registration.)

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

KEVIN M RIVERA	PEREZ	· · · · · · · · · · · · · · · · · · ·
	Name	
4603 ROSS LANIEI	RLN	
Florida street addres	s (P.O. Box NOT ac	cceptable)
KISSIMMEE	FI.	34758
City	State	Zip

Having been named as registered ugent 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)

21 FEB 19 PM 7: 02 SECRETARY OF STATE ALLAHASSEF OF OBJECT

"AMBR" = Authorized Member "MOR" = Manager  AMBR  KEVIN M RIVERA PEREZ 4603 ROSS LANIER LN KISSIMMEE FL 34758  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days to 6 filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this will nobe to cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  AWFUL ACTS  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's records.  KEVIN M RIVERA PEREZ  Typed or printed name of signee	Title:	Name and Address:	
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