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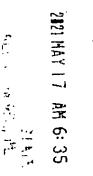
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COVER LETTER

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SUBJEC		ible Transport (R	RT)				
SOBJEC	·	Na	me of Limited L	iability Company			
The enclo	osed Articles of	Organization and	I fee(s) are subm	itted for filing.			
Please ret	turn all correspo	ndence concerni	ng this matter to	the following:			
	Kyron Whitt	aker MGR					
			Nan	ne of Person			_
	RAPI	D RELIA	tBLE TR	ANSPORT			
				n/Company	-		_
	P.O Box 180	816					
		<u>-</u>	,	Address			_
	Casselberry l	FI 32728					
	musi Le tena va	net (or annual array	City/Sta	te and Zip Code		<u></u>	72 72 73
		ort@gmail.com E-mail address: (t	o be used for fut	ure annual report notifica	ntion)	<u>- E</u>	1 LAH 12
For further	information co	ncerning this mat	ter, please call:			3,	
	Kyron White	iker	580 at (2358222		- 1	AM 6: 3
	Nam	e of Person	Area Co	de Daytime Telepho	one Number		ဌ
Enclosed	is a check for the	ne following amo	unt:				
	00 Filing Fee	□\$130.00 Fili Certificate of	ng Fee &	I\$155.00 Filing Fee & ertified Copy itional copy is enclosed)		• •	&
	New F Divisio	g Address iling Section on of Corporation ox 6327	ıs	Street Address New Filing Section I The Centre of Talla 2415 N. Monroe Str	hassee		

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

٨	RT	ΓI	C	l F I	I -	Na	me:

The name of the Limited Liability Company is:

Rapid Reliable Transport (RRT) 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:	<u>Mailing Address</u> :
1525 ORRINGTON AYIVE PL CASELBERGY, FL. 32707	P.O Box 180816 Casselberry FL32718

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:

Kvron Whittaker	MGR	_
	Name	
1525 Orrington Payne	e Place	
Florida street address	s (P.O. Box <u>NOT</u> ac	rceptable)
Casselberry	FI	32707
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)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Partner - AMBR Partner - AMBR Rence W 32-70 Use attachment if necessary) E.V: Effective date, if other than the date of filing:	Vhittaker - 1525 Orrington Payne PLCasselberry FJ B
Partner - AMBR Partner - AMBR Use attachment if necessary) E.V: Effective date, if other than the date of filing:	BR Whittaker - 1525 Orrington Payne PLCasselberry FJ B
Discrete AMBR Use attachment if necessary) E.V: Effective date, if other than the date of filing:	BR Whittaker - 1525 Orrington Payne PLCasselberry FJ B
Use attachment if necessary) EV: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and ca filing.) the date inserted in this block does not meet the appl nent's effective date on the Department of State's rec EVI: Other provisions, if any.	Whittaker - 1525 Orrington Payne PLCasselberry F1 B
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	licable statutory filing requirements, this date will not be becords.
REOUIRED SIGNATURE:	
(
	$Q \rightarrow Q \rightarrow Q$
This document is executed in accord	authorized representative of a member. dance with section 605.0203 (1) (b). Florida Statutes.
<u>KYRON WHITTAKER</u>	rovided for in s.817.155, F.S.

Typed or p	rovided for in s.817.155, F.S.
,	printed name of signee
<u>Fili</u>	printed name of signee
,	printed name of signee