L21000284750

(Requestor's Name)
(Address)
	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



900368532749

05/18/21--01008--016 **130.00

MUAPASSIE FLORIDA

RECEIVED

SECRETALY OF STA

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: ML SE Trans Dort W. 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:
Patricia Lindsey Name of Person
Name of Ferson
Firm/Company
1840 Inlet Street
Address Quincy FL 32351 City/State and Zip Code Plindsey 2360 gmail. Com E-mail address: (to be used for future annual report notification)
Pindsey 350 gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricia (indsey at 850) 339-0586 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □S160.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPASSO JUN 18 PM 2: 41

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

MLBE 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:	
1840 Inlet Street	1840
171.001 0 33351	<u> </u>

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 an individual or another business entity with an active Florida registration.)

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

Patricia Lindsey

1840 In let Street
Florida street address (P.O. Box NOT acceptable)

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)

٨	R	T	I	C	L	E	ı	V	_

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Patricia Lindsey 1840 Inlet Street Duincy, FL 32351	
	SECRETAL ALLAH A	81 NOC 1383
	SSEE FILE	JUN 18 PM 2: 41
(If an effective date is listed, the date must be sthe date of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day t meet the applicable statutory filing requirements, this date will not be left of State's records.	
ARTICLE VI: Other provisions, if any.		_
This document is exec I am aware that any fa constitutes a third degr	member or an authorized representative of a member. State information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Typed or printed name of signee	_

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)