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SCHOOL BUILDING

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COVER LETTER

	w Filing Section vision of Corporations						
SUBJECT:	Goodspeed Transportation LLC						
SOUTE	Name of Limited Liability Company						
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.				
Please retur	n all correspondence concerning this	matter to the	following:				
	Jessica Keefe						
		Name of	Person				
	Goodspeed Transportation LLC						
	Firm/Company						
	5324 Sailfish St						
		Addr	ress				
	Orlando, FL 32822						
	-1	City/State ar	nd Zip Code				
	rlopez2214@gmail.com E-mail address: (to be us	sed for future a	annual report notificati	ion)			
For further in	formation concerning this matter, ple						
	Jessica Keefe	407 (967-0067)				
	Name of Person		Daytime Telephon	e Number			
Enclosed is	a check for the following amount:						
□S125.00 Filing Fee Certificate of Status		Certifi	5.00 Filing Fee & led Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section		Street Address New Filing Section D				
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

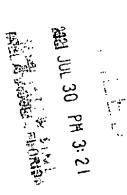
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:							
The name of the Limited Liabili	ity Company is:						
Goodspeed Transpo	rtation LLC						
(Must conatin 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:							
<u>Princip</u>	pal Office Address:		Mailing Address:				
5324 Sailfish St		5324	5324 Sailfish St				
Orlando, FL 32822			Orlando, FL 32822				
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:							
	Jessica Keefe						
Name							
5324 Sailfish St							
	Florida street address (P.O. Box NOT acceptable)						
	Orlando	FL	32822				
•	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..

Ignature (REQUIRED)

(CONTINUED)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Jessica Keefe <u>AMBR</u> 5324 Sailfish St Orlando, FL 32822 Cesar Benitez AMBR 5324 Sailfish St Orlando, FL 32812 (Use attachment if necessary) __. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.

constitutes a third degree felony as provided for in s.817.155, F.S.

This document is executed in accordance with section 603 2203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State

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)
- S 5.00 Certificate of Status (Optional)

Jessica Keefe