L22000037810

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



600377457386

12/08/21--01021--006 **125.00

SECRETARY OF STATE OF

Malw Isquiz

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COVER LETTER

TO: New Filing Se Division of Co		,	
subject: Vis	co Transport	H LLC nited Liability Company	
The enclosed Articles o	f Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
	Jora	Name of Person	
	Visco Tro	rnsport LLC Firm/Company	
	424 Mes	iden Grun Diri	12
		,	
 	Davenper	+ FL 33837 ity/State and Zip Code 543217 © 0.01. c for future annual report notificat	
	· · · · · ·	ity/State and Zip Code	
	E-mail address: (to be used	for future annual report notificat	ion)
	ncerning this matter, please		
		863) Z71-337 (rea Code Daytime Telephon	
Enclosed is a check for t	he following amount:		
⊠ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address iling Section	Street Address New Filing Section Di	vision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



December 15, 2021

JORDAN VISCO 424 MEADOW GREEN DRIVE DAVENPORT, FL 33837

SUBJECT: VISCO TRANSPORT LLC

Ref. Number: W21000159073

We have received your document for VISCO TRANSPORT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Owner is not a title and only one copy of complete sign articles required.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 421A00030263

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liabil.	ity Company is:		SECRETARY	OF STATE
\	tain the words "Limited Liability Com	L.C.	2022 FEB -3	AM 11: 00 :
(Must con	tain the words "Limited Liability Comp	pany, "L.L.C" or "LLC.")		
ARTICLE II - Address:	ddress of the principal office of the Li			
<u>Princip</u>	al Office Address:	<u>Mailing</u> Addre	ss:	
Davenport,	1 (HELM DY/VE FL 33837			
(The Limited Liability Company another business entity with an a	address of the registered agent are:	tent. You must designate an indi	vidual or	
	Joydan VisLD	<u> </u>		
	HZY Meddow Green Florida street address (P.O. Box NO	Drive OT acceptable)		
	Dawnpart FL City State	33 <i>S</i> 57 Zip		
further agree to comply with the pro-	gent and to accept service of process for I hereby accept the appointment as regovisions of all statutes relating to the proligations of my position as registered against Registered Agent's Si	istered agent and agree to act in oper and complete performance	this capacity. I	

(CONTINUED)

	d address of each person au	thorized to manage and control the Limited Liability Company:	
<u>Title:</u> "AMBR" = A "MGR" = Mi	Authorized Member	Name and Address:	
MGR	-	Jordan Visco	
		424 Meadow Green DOVE	_ _ _
		20%	038 038
		2 FEB	
		٠	NA NA
			OF STATE
			. A.
			<u>-</u>
(Use attachme	ent if necessary)		
f an effective date is I ie date of filing.) <u>Sote:</u> If the date inseri	listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 teet the applicable statutory filing requirements, this date will no	•
RTICLE VI: Other pr		of State's records.	
			
REQUIRED S	SIGNATURE:	141	
	This document is execute I am aware that any false it	mber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
		Joseph Visco Typed or printed name of signee	
		Villian Fass.	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

. ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)