

Florida Department of State
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.****

Email Address: brenda.mas@aol.com

FLORIDA LIMITED LIABILITY CO.
CALEB TOWING & TRANSPORT LLC

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

RECEIVED
 2022 APR 29 AM 11:38
 CORPORATION
 COMMERCIAL
 SERVICES

2021 APR 29 PM 8:57
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 111 HAMILTON STREET, FLOOR 100

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CALEB TOWING & TRANSPORT LLC

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:

JULIO CAMACHO ROSARIO

Name of Person

Firm/Company

451 SUNFISH DR

Address

WINTER HAVEN FL 33881

City/State and Zip Code

BRENDA.MAS@AOL.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENDA MAS

407

3012659

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CALEB TOWING & 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:451 SUNFISH DR
WINTER HAVEN FL 33881**Mailing Address:**451 SUNFISH DR
WINTER HAVEN FL 33881**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:

JULIO CAMACHO ROSARIO

Name

451 SUNFISH DRFlorida street address (P.O. Box **NOT** acceptable)WINTER HAVEN FL 33881

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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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

JULIO CAMACHO ROSARIO
451 SUNFISH DR
WINTER HAVEN FL 33881

(Use attachment if necessary)

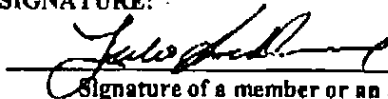
ARTICLE V: Effective date, if other than the date of filing: 4/24/2022 (OPTIONAL)

(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.

ALL LAWFUL ACTS

REQUIRED SIGNATURE:


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

Julio Camacho Rosario

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)

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 DEPARTMENT OF STATE
 ATLANTA, GEORGIA