Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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.\*\*

FLORIDA LIMITED LIABILITY CO. CALEB TOWING & TRANSPORT LLC

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu Corporate Filing Menu

Help

## **COVER LETTER**

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SUBJEC'	CALEB 7	rowing & transpor	T LLC		
oo bane	''		imited Liabil	ity Company	
The enclo	sed Articles of	Organization and fee(s) a	re submitted	for filing.	
Please reti	ırn all correspo	ondence concerning this n	natter to the	following:	
	JULIO CAN	MACHO ROSARIO			
			Name of	Person	
			Firm/Co	mpany	
	451 SUNPIS	SH DR			
	· · · · · · · · · · · · · · · · · · ·		Addi	ess	
	WINTER H	AVEN FL 33881			
	BRENDA.MA	AS@AOL.COM	City/State an	d Zip Code	
		E-mail address; (to be use	d for future a	nnual report notificat	ion)
For further	information co	ncerning this matter, plea	se call:		
	BRENDA M		107	3012659	
	Nam			Daytime Telephon	e Number
Enclosed i	s a check for t	he following amount:			
<b>■</b> \$125.06	) Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	ПC	LE	I -	No	me:
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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:

Prin	cinal	Office	Add	P444.
1 1 111	LIDAI	VIIICE	Auu	L.35.

Malling Address:

451 SUNFISH DR	451 SUNFISH DR
WINTER HAVEN FL 33881	WINTER HAVEN FL33881
· <del>-</del>	•

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 R	OSARIO	
	Name	
451 SUNFISH DR		
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
WINTER HAVEN	<u> </u>	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)

PILED

2021 APR 29 PN 8: 57

1. September 500 Post 100 Po

ARTICLE IV-

"MGR" = Manager  AMBR  JULIO CAMACHO ROSARIO  451 SUNFISH DR  WINTER HAVEN FL 33881  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing: 4/24/2022 (OPTIONAL)  tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  LE VI: Other provisions, if any.  WFUL ACTS  REQUIRED SIGNATURE:  Lim 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.  Tulio Camacha Lower  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)	Title:	Name and Address:	
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