

5/24/22, 10:43 AM

Division of Corporations

**L22000209849**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((1122000183473 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ULTIMATE TRUCKING SERVICES LLC  
Account Number : I20210000148  
Phone : (813)830-1214  
Fax Number : (813)200-2096

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

## New Service Transport LLC

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

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D. O'KEEFE

MAY 27 2022

To:

Page: 1 of 5  
850-617-6381

2022-05-26 17:58:04 GMT  
5/25/2022 2:24:55 PM PAGE 1/001

18132002096

From: Ultimate Trucking Services  
Fax Server



May 25, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ULTIMATE TRUCKING SERVICES LLC

SUBJECT: NEW SERVICE TRANSPORT LLC  
REF: W22000069119

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You didn't list the name of manager. Please list the name of manager and resend the document with fax cover sheet.

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

Dil Sultana  
Regulatory Specialist II

FAX Aud. #: H22000183473  
Letter Number: 922A00011923

DocuSign Envelope ID: 6047EE3D-A71A-4F38-BFC8-B46DE2A5710D

H220000183473 3

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** New Service 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:

Gemma Duarte

Name of Person

Ultimate Trucking Services LLC

Firm/Company

13201 Heathermoss Dr # 1504

Address

Orlando, FL 32837

City/State and Zip Code

gduarteuts@gmail.com

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

For further information concerning this matter, please call:

Gemma Duarte

813

830-1214

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

DocuSign Envelope ID: 6047EE3D-A71A-4F38-8FC8-B46DE2A5710D

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

New Service 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:

13201 Heathermoss Dr # 1504  
Orlando, FL 32837

Mailing Address:

13201 Heathermoss Dr # 1504  
Orlando, FL 32837

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:

Benny Rodriguez

Name

13201 Heathermoss Dr # 1504

Florida street address (P.O. Box **NOT** acceptable)

Orlando

FL

32837

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.*

DocuSigned by:

Benny Rodriguez

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**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:**MGR13201 Heathermoss Dr # 1504Orlando, FL 32837Benny Rodriguez

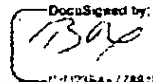
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.  
  
**REQUIRED SIGNATURE:**

DocuSigned by:



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.Benny Rodriguez

Typed or printed name of signer

**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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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