

L22000381785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

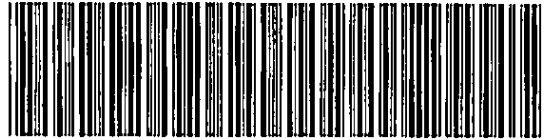
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900393054219

08/22/22--01033--029 **125.00

FILED

22 AUG 22 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Upward vision Transportation 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:

Kevin KIDA

Name of Person

Upward Vision Transportation

Firm/Company

618 E 63rd St #2

Address

Jacksonville FL 32208

City/State and Zip Code

UpwardvisionTrans@gmail.com

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

For further information concerning this matter, please call:

Kevin KIDA

Name of Person

at (904)

Area Code

376 9771

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

* ~~Already~~

22 AUG 22 AM 7:48
SECRETARY OF
TALLAHASSEE

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Upward Vision Transportation 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:

618 E 63rd St # 2
Jacksonville FL 32208

Mailing Address:

221 N Hogan St # 346
Jacksonville FL 32202

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:

Candice Collins
Name
3539 Cesery Blvd
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville FL 32277
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.

Candice Collins
Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 AUG 22 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

KEVIN KIDD

618 E 63rd ST

JACKSONVILLE FL 32208

(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:



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.

KEVIN KIDD

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)

22 AUG 22 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED