## 1/9/23, 6.46 PM COO Eldrida Depur ment of State Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. NEXT RIDE TRANSPORT, LLC

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Page Count	113
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#### COVER LETTER

		NEX	T RID	E TRA	NSPORT, LLC			
SUBJEC	T:						_	
		Na	me of Lim	ited Liabili	ty Company			
The enclo	osed Articles of	Organization and	d fee(s) are	submitted	for filing.			
Please re	tum all correspo	ondence concerni	ng this ma	itter to the f	ollowing:			
			(	Claudio Tol	edo Ribeiro			
				Name of	Person			
			-	TAXPEOP	LE, LLC			
			· ·	Fimi/Co	npany			
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				Addre	:\$5			
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For further	r information co	nceming this ma	tter, please	e call:				
	Claudio Tole	do Ribeiro	at (	772)	460.1000		<u> </u>	23
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<b>■ \$</b> 125.6	00 Filing Fee	□ \$130.00 Fil Certificate of	ng Fee& Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)			နည်း

### 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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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	1771	T 1	- 1	Name	٠.
4 14 1		. r. I	-		

The name of the Limited Liability Company is:

## NEXT RIDE 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:

Mailing Address:

902 OLD DIXJE HWY #4 LAKE PARK FL 33403 902 OLD DIXIE HWY #4 LAKE PARK FL 33403

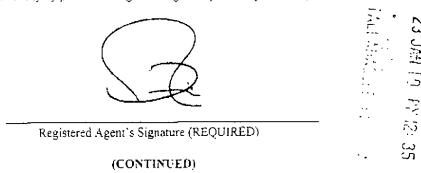
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

_	<u>TAXPEOPLE, LLO</u>	C
	Name	
	2855 SW Brighton S	it
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Port St Lucie	FL	34953
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..





# $(((H23000011322\ 3)))$

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	First Name: HERON Last Name: WEITZEL Address: 902 OLD DIXIE HWY #4 City/State/Zip: LAKE PARK FL 33403
(Use attachment if necessary)	
	ne date of filing: (OPTIONAL)
fective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 days not meet the applicable stanutory filing requirements, this date will not be timent of State's records.
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