

L23000037318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

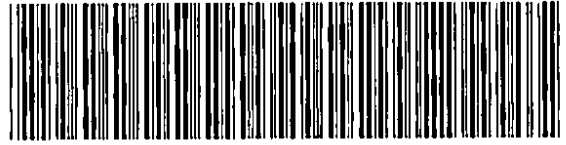
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



800400519408

S. CHATHAM  
JAN 4 / 2023

RECEIVED  
JAN 26 11:11 AM  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 JAN 26 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: HAZEL TRANSPORTATION SERVICES, 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:

LAURA E. AHLERS, PARALEGAL

Name of Person

COZEN O'CONNOR

Firm/Company

1801 N. MILITARY TRAIL, SUITE 200

Address

BOCA RATON, FL 33431

City/State and Zip Code

ECOMPLIANCE@COZEN.COM

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

For further information concerning this matter, please call:

LAURA E. AHLERS

561

245-6106

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

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$155.00

AUTHORIZATION SIGNATURE: \_\_\_\_\_

Hazel Transportation Services, LLC

**Business Name**

**Document Number, (if known):**

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_

\_\_\_ Mail out

\_\_\_ Will wait \_\_\_ Photocopy

☒ **Certified Copy of Articles of Organization**

\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

☒ **Limited Liability**

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ **CORP**

\_\_\_ **PLLC**

**AMMENDMENTS**

\_\_\_ Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Revocation of Dissolution

\_\_\_ Merger

\_\_\_ **Conversion**

\_\_\_ **Amended and restated Articles**

\_\_\_ **Statement of Authority**

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL)\_\_\_

**Country**

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAZEL TRANSPORTATION SERVICES, 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:

1067 SHOTGUN ROAD

SUNRISE, FL 33326

1067 SHOTGUN ROAD

SUNRISE, FL 33326

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:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

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

TALLAHASSEE

FL

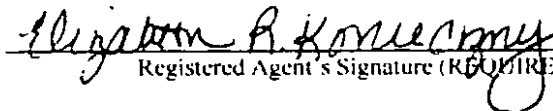
32301

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)

2020 JUN 26 PM 4:52

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

JUDD ZEBERSKY  
1067 SHOTGUN ROAD  
SUNRISE, FL 33326

MGR

LAURA ZEBERSKY  
1067 SHOTGUN ROAD  
SUNRISE, FL 33326

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

**STUART R. MORRIS, ESQ., AUTHORIZED REPRESENTATIVE**

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)