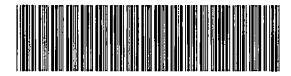
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2023 JAN 13 PM 1: 42

COVER LETTER

	w Filing Sec vision of Cor				,
SUBJECT:	Seme Trans	•			
SUBJECT.		Name of Lim	ited Liabilit	y Company	
The enclose	ed Articles of	Organization and fee(s) are	submitted	for filing.	
Please retur	n all correspo	ndence concerning this mat	ter to the fo	ollowing:	
	Jean R. Seme	:			
			Name of I	Person	
	Seme Transp	ort LLC			
			Firm/Cor	npany	
	1520 N. Wes	t 17th Ave Suite 8			
			Addre	ss	
	Pompano Be	ach, FL 33069			
J	seme677@gr		ty/State and	Zip Code	
_		-mail address: (to be used t	or future ar	nual report notificat	ion)
For further in	formation cor	ncerning this matter, please	call:		
	Jean R. Seme	at (4	5 <i>4</i>	398-28	80
_	Name		ea Code	Daytime Telephon	
Enclosed is	a check for th	e following amount:			
⊠\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	2 Address	9	Street Address	~

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JAN 13 PM 1:43

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

/ Company is:			
in the words "Limited I	Liability Compa	1y, "L.L.C.," or "LLC.")	
dress of the principal o	ffice of the Limi	ted Liability Company is:	
l Office Address:		Mailing Address:	
ve Suite 8	<u> </u>	520 N. West 17th Ave Suite 8	
33069	<u>_</u>	ompano Beach, FL 33069	
cannot serve as its own	Registered Age		ıl or
ddress of the registered	agent are:		
Jean R. Seme	Name		
1520 N. West 17th A	ve Suite 8		
Florida street address	s (P.O. Box NO	[acceptable)	
Pompano Beach	FL	33069	
City		Zip	
	dress of the principal of the principal of the principal of the server as its own entire Florida registered dress of the principal transfer and the server as its own entire Florida registered dress of the registered dress	in the words "Limited Liability Compardress of the principal office of the Limital Office Address: Versuite 8 183069 Part, Registered Office, & Registered Acannot serve as its own Registered Agenctive Florida registration.) In the words "Limited Liability Compard of the Limital Part	in the words "Limited Liability Company, "L.L.C.," or "LLC.") dress of the principal office of the Limited Liability Company is: 1 Office Address: We Suite 8 3069 1520 N. West 17th Ave Suite 8 Pompano Beach, FL 33069 Int, Registered Office, & Registered Agent's Signature: cannot serve as its own Registered Agent. You must designate an individual etive Florida registration.) ddress of the registered agent are: Jean R. Seme Name

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 JAR 13 PM 1: 43

ARTICLE IV-

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

'AMBR" = Authorized Mo	ember			
'MGR" = Manager				
AMBR	<u>J</u>	ean R. Seme		
	<u> </u>	520 N. West 17th Ave Suite 8		
	<u>.</u> <u>I</u>	Pompano Beach, FL 33069		
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Use attachment if necessa				
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