173000109290

(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



200403988592

93/10/23--91002--005 **130.00

2023

2023 MAR 10 AM 8: C

COVER LETTER

	ew Filing Sec ivision of Co					
CI (D 11/7*1	NASS TRA	ANSPORTATION	LLC			
SUBJECT	:	Na	ne of Lim	ited Liabil	ity Company	
The enclos	ed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please retu	rn all correspo	ondence concernir	ng this mat	tter to the	ollowing:	
	SERGHELS	OLTANICI				
		-		Name of	Person	
	NASS TRA	NSPORTATION .	LLC			
				Firm/Co	mpany	
	10931 TALI	LOAK CIR				
				Addr	ess	
	RIVERVIE	W/FL/33569				
	NATALIAJI	мвеј@ҮАНОО.		ty/State an	d Zip Code	
•	· - ·	E-mail address: (to	be used:	for future a	innual report notificati	ion)
For further i	nformation co	ncerning this matt	er, please	call:		
	CORNELIU	ЛМВЕГ			847-8814	
	Nam	ne of Person			Daytime Telephon	
Enclosed is	s a check for t	he following amou	int:			
□\$125 00	Filing Fee	■\$130.00 Filit Certificate of S		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address			Street Address New Filing Section Di	ivision

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, F1, 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NASS TRANSPORT.				
(Must conta	in the words "Limited	Liability Company,	"L.L.C" or "LLC.")	
RTICLE II - Address: the mailing address and street ad	ldress of the principal o	office of the Limited	Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Address:	
10931 TALL OAK C	IR	1093	I TALL OAK CIR	
RIVERVIEW FL 335		RIV	ERVIEW FL 33569	
he name and the Florida street a	ctive Florida registration iddress of the registered EUPHORIA TRANS	Lagent are: SPORTATION LLC		dual or
The name and the Florida street a	iddress of the registered	Lagent are: SPORTATION LLC Name	·	
The name and the Florida street a	EUPHORIA TRANS	Tagent are: SPORTATION LLC Name 'ISTA DR		
he name and the Florida street a	EUPHORIA TRANS	Tagent are: SPORTATION LLC Name 'ISTA DR		
The name and the Florida street a	EUPHORIA TRANS 13436 PALMERA V Florida street addres	Fagent are: SPORTATION LLC Name USTA DR IS (P.O. Box NOT ac	cceptable)	

(CONTINUED)

2023

ARTICLE IV-

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

AMBR" = Authorized !	Memoer	
MGR" = Manager		
MGR	SERGHEL SOLTANICI	
	10931 TALL OAK CIR RIVERVIEW FL 33569	
	KIVER VIEW PL 35,007	
	· · · · · · · · · · · · · · · · · · ·	
		-
Jse attachment if neces	ssary)	
tive date is listed, the offiling.) ne date inserted in this	ther than the date of filing:	to or 90
tive date is listed, the filing.) ne date inserted in this ent's effective date on	date must be specific and cannot be more than five business days prior block does not meet the applicable statutory filing requirements, this date the Department of State's records.	to or 90
tive date is listed, the offiling.) he date inserted in this ent's effective date on VI: Other provisions, i	date must be specific and cannot be more than five business days prior block does not meet the applicable statutory filing requirements, this date the Department of State's records. if any. URE:	to or 90 will not
tive date is listed, the offling.) ne date inserted in this ent's effective date on VI: Other provisions, i	date must be specific and cannot be more than five business days prior block does not meet the applicable statutory filing requirements, this date the Department of State's records.	to or 90 will not
tive date is listed, the filing.) ne date inserted in this ent's effective date on VI: Other provisions, i	date must be specific and cannot be more than five business days prior block does not meet the applicable statutory filing requirements, this date the Department of State's records. if any. URE:	to or 90 will not
tive date is listed, the offling.) ne date inserted in this ent's effective date on VI: Other provisions, i EOUIRED SIGNATU Signature of the second of the	block does not meet the applicable statutory filing requirements, this date the Department of State's records. If any, IGNE: Ignature of a member or an authorized representative of a member, recument is executed in accordance with section 605.0203 (1) (b). Florida Spare that any false information submitted in a document to the Department of the at third degree felony as provided for in s.817.155, F.S.	to or 90 will not
tive date is listed, the offling.) ne date inserted in this ent's effective date on VI: Other provisions, i FOUIRED SIGNATU Signature of the constitute of	block does not meet the applicable statutory filing requirements, this date the Department of State's records. If any, IGRE: Ignature of a member or an authorized representative of a member, cument is executed in accordance with section 605.0203 (1) (b). Florida State that any false information submitted in a document to the Department of the at third degree felony as provided for in s.817.155, F.S. SERGHELSOLTANICI.	to or 90 will not
tive date is listed, the filing.) ne date inserted in this ent's effective date on VI: Other provisions, i EOUIRED SIGNATU Signature of the second of the	block does not meet the applicable statutory filing requirements, this date the Department of State's records. If any, IGNE: Ignature of a member or an authorized representative of a member, recument is executed in accordance with section 605.0203 (1) (b). Florida Spare that any false information submitted in a document to the Department of the at third degree felony as provided for in s.817.155, F.S.	to or 90 will not
tive date is listed, the filing.) ne date inserted in this ent's effective date on VI: Other provisions, i EOUIRED SIGNATU Signature of the second of the	block does not meet the applicable statutory filing requirements, this date the Department of State's records. if any. URE: ignature of a member or an authorized representative of a member, recument is executed in accordance with section 605.0203 (1) (b). Florida Sware that any false information submitted in a document to the Department attes a third degree felony as provided for in s.817.155, F.S. SERGHEI SOLTANICI Typed or printed name of signee	to or 90 will not
tive date is listed, the filing.) ne date inserted in this ent's effective date on VI: Other provisions, i FOUIRED SIGNATU Signature date on a way constituted in the signature of the signatur	block does not meet the applicable statutory filing requirements, this date the Department of State's records. if any. URE: ignature of a member or an authorized representative of a member, icument is executed in accordance with section 605.0203 (1) (b). Florida State that any false information submitted in a document to the Department attes a third degree felony as provided for in s.817.155, F.S. SERGHEI SOLTANICI Typed or printed name of signee Filing Fees:	to or 90 will not
tive date is listed, the filing.) ne date inserted in this ent's effective date on VI: Other provisions, i EOUIRED SIGNATU Signal am away constitute \$\frac{S}{2}\$\$ \$\$125.00 Filing Fee for	block does not meet the applicable statutory filing requirements, this date the Department of State's records. if any. URE: ignature of a member or an authorized representative of a member, cument is executed in accordance with section 605.0203 (1) (b). Florida State that any false information submitted in a document to the Department attes a third degree felony as provided for in s.817.155, F.S. SERGHEI SOLTANICI Typed or printed name of signee Filing Fees: or Articles of Organization and Designation of Registered Agent	to or 90 will not
tive date is listed, the filing.) ne date inserted in this ent's effective date on VI: Other provisions, i EOUIRED SIGNATU Signature date on a way constitute.	block does not meet the applicable statutory filing requirements, this date the Department of State's records. if any. URE: ignature of a member or an authorized representative of a member, cument is executed in accordance with section 605.0203 (1) (b). Florida State that any false information submitted in a document to the Department attes a third degree felony as provided for in s.817.155, F.S. SERGHEI SOLTANICI Typed or printed name of signee Filing Fees: or Articles of Organization and Designation of Registered Agent topy (Optional)	to or 90 will not