

# L23000469079

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : THE TAX GROUP INC  
Account Number : I20180000051  
Phone : (305)223-4648  
Fax Number : (786)361-1360

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: mitaxgroup@gmail.com

FLORIDA LIMITED LIABILITY CO.  
MAYTE SCHOOL BUS TRANSPORT LLC

Certificate of Status	1
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Corporate Filing Menu

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T. MATTHEWS

OCT 12 2023

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2023 OCT 11 PM 1:31  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
FILED  
2023 OCT 11 PM 3:34  
OFFICE OF THE STATE CLERK

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: MAYTE SCHOOL BUS TRANSPORT 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:

MAYTE GONZALEZ MARTINEZ  
Name of Person

MAYTE SCHOOL BUS TRANSPORT LLC  
Firm/Company

270 EAST 57TH STREET  
Address

HIALEAH, FL 33013  
City/State and Zip Code

maytetito89@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAYTE GONZALEZ MARTINEZ 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

MAYTE SCHOOL BUS TRANSPORT LLC  
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ATX1

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2023 OCT 11 PM 3:35

MAYTE SCHOOL BUS TRANSPORT LLC

(Must contain the words "Limited Liability," "L.L.C.," or "LLC.")

CLERK OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

270 EAST 57TH STREET

HIALEAH, FL 33013

270 EAST 57TH STREET

HIALEAH, FL 33013

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:

MAYTE GONZALEZ MARTINEZ

Name

270 EAST 57TH STREET

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

HIALEAH

City

FL

State

33013

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)

MAYTE SCHOOL BUS TRANSPORT LLC

ATX1

**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:**

MAYTE GONZALEZ MARTINEZ

270 EAST 57TH STREET

HIALEAH, FL 33013

(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.

MAYTE GONZALEZ MARTINEZ

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)