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To:

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:___

FLORIDA LIMITED LIABILITY CO. PPB Transport LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

PPB 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:		
7901 4th St N		7901 4th St N		
STE 300		STE 300		
St. Petersburg	FL 33702	St. Petersburg	FL 33702	

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.)

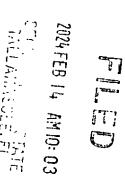
The name and the Florida street address of the registered agent are:

Registered Agents Inc				
	Name			
7901 4th St N		STE 300		
Florida street addres	ss (P.O. Box <u>N</u> 0	<u>)T</u> acceptabl	c)	
St. Petersburg	FL.	33702		
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)



ARTICLE IV-

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

Title:	Name and Address:
	thorized Member
"MGR" = Mar	भूदर्भ
AMBR	Pierre, Derlens
	7901 4th St N STE 300
	St. Petersburg, Fl. 33702
AMBR	Brutus . Adley
- :	Brutus , Adley 7901 4th St N STE 300
	St. Petersburg, Ft. 33702
AMBR	Pompee, Marvelt Ralph Perez
V 3332 - 1	7901 4th St N STE 300
	St. <u>Petersburg</u> , <u>FL 33702</u>
(Use attachme	tif necessary)
(If an effective date is li the date of filing.)	date, if other than the date of filing:
the document's effectiv	date on the Department of State's records.
ARTICLE VI: Other pro	visions, if any,
	
REQUIREDS	IGNATURE: 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	IGNATURE: Portabalismo francisco
•	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.
	Robin Jones
	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)

