

224000246418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

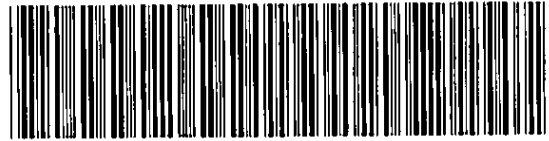
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



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2024 JUN -4 AM 9:47

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2024 JUN -4 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA CAPITAL COURIER SERVICES, INC**

2330 CLARE DR  
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

**Please use funds from account: I20210000160: \$160.00**

**Authorization Signature:** *[Signature]*

**Business Name:** AAA FLORIDA TRANSPORTATION, LLC

**Document #**

☒ **Certified Copy**

☒ **Certificate of Status**

**NEW FILINGS**

**&**

**AMENDMENTS**

☐ Profit Corp

☐ Not for Profit

☒ **Limited Liability**

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☐ Amendment

☐ Resignation / Dissociation

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Amended & Restated Articles of Incorporation

☐ Statement of Authority

**APOSTILLE(s)**

**&**

**OTHER FILINGS**

☐ Apostille(s)

☐ Country(s)

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Fictitious Name

☐ Annual Report

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

2024 JUN -14 PM 9:47  
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TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

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**Please use funds from account: I20210000160: \$160.00**

**Authorization Signature:** *Jan Tule*

**Business Name:** AAA FLORIDA TRANSPORTATION, LLC

**Document #**

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

2024 JUN -4 11 9:47

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: AAA FLORIDA TRANSPORTATION 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:

Arthur D Angelica

Name of Person

AAA FLORIDA TRANSPORTATION LLC

Firm/Company

1421 Lambert Ave

Address

Flagler Beach, FL 32136

City/State and Zip Code

AAAFLTRANSPORTATION@AOL.COM

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

For further information concerning this matter, please call:

Roxanne Angelica

386

3027226

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

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2024 JUN -15 AM 9:47

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AAA FLORIDA TRANSPORTATION, 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:

1421 Lambert Ave  
Flagler Beach, FL 32136

Mailing Address:

1421 Lambert Ave  
Flagler Beach, FL 32136

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:

Roxanne G Angelica

Name

18 Osprey Circle

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

Palm Coast

FL

32137

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)

2024 JUL -1, AM 12:17

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

ARTHUR D ANGELICA  
18 OSPREY CIRCLE  
Palm Coast, FL 32137

AMBR

Roxanne G Angelica  
18 Osprey Circle  
Palm Coast, FL 32137

(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.

Arthur D. Angelica

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)

2024 JUN 11 9:47

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