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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Tax Number : (850)617-6321

From:

Account Name : EXPERTAX
Account Number : 120200000010
Phone : (407)777-7470
Fax Number : (321)206-9743

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.
JP BIT TRANSPORTATION LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 JUL -8 PM 8:28

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2024 JUL -8 PM 4:24
DIVISION OF CORPORATIONS
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REGULATIONS

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JP DT TRANSPORTATION LLC

Name of Limited Liability Company

The attached Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEAN PESPINOSA GONZALEZ

Name of Person

Firm/Company

650 DUMONT ST

Address

KISSIMEE, FL 34747

City/State and Zip Code

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

For further information concerning this matter, please call:

JEAN PESPINOSA GONZALEZ 407 969-5346

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$175.00 Filing Fee

☒ \$100.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$100.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6377
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 310
Tallahassee, FL 32307

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEBIT TRANSPORTATION LLC

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

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:650 DUNMONT ST
KISSIMMEE, FL 34747650 DUNMONT ST
KISSIMMEE, FL 34747

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:

JEAN ESPINOSA GONZALEZ

Name

650 DUNMONT STFlorida street address (P.O. Box NOT acceptable)KISSIMMEE

City

FLORIDA

State

34747

Zip

Having been named my registered agent and to my own service of process for the above named 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.

Jean Espinosa

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV -

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

Title:Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

MGR

JEAN P ESPINOSA GONZALEZ

850 DEMONT ST

KISSIMEE, FL 33747

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(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:**

Jean Espinosa

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.020(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 817.156, F.S.

JEAN P ESPINOSA GONZALEZ

Typed or printed name of signer

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)

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