L24000438612

(I	Requestor	s Name)		
(/	Address)		-	
(/	Address)			
((City/State/	Zip/Phone #)	1	
PICK-UP		WAIT		MAIL
(1	Business F	Entity Name)		
	Document	Number)	_	
Certified Copies		Certificates	of Status ₋	
Special Instructions to F	Filing Offic	er:		
	_			

Office Use Only



900438060919 2024 CCT 15 23 9: 47



FLORIDA CAPITAL COURIER SERVICE 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243	ES, INC
Please use funds from the account 12 Authorization Signature: Best Rate Parking and Transportation	Laste
Business name	Document #
Walk in	Will wait
Certified Copies of the Articles of Or Certificate of Status	2024
<u>NEW FILINGS</u>	AMENDMENTS G
Profit Not for Profit X_ LLC Domestication INC CORP OTHER	AmendmentResignation of R.A. Officer/DirectorChange of Registered Agent \conversionDissolution/WithdrawalConversionStatement of FACTMerger
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Partnership Reinstatement CORRECTION for a Foreign LLC
Statement of Authority	
APOSTILCOUNTRY	Domestication of a Foreign CorpOther
EXAMINER'S INITIALS:	

FLORIDA CAPITAL COURIER SERVICE 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243	ES, INC		
Please use funds from the account 12 Authorization Signature:			
Best Rate Parking and Transportation Business name			
Walk in	Will wait		
Certified Copies of the Articles of Or Certificate of Status	rganization	2024.001	 } {
NEW FILINGS	<u>AMENDMENTS</u>		· · ·
Profit Not for Profit X_ LLC Domestication INC CORP OTHER	AmendmentResignation of R.AChange of RegistereDissolution/WithdraConversionStatement of FACTMerger	ed Agent 💛	or
OTHER FILINGS	REGISTRATION/QUALIFIC	<u>ATIONS</u>	
Annual Report	Foreign Filing		
Fictitious Name	Partnership Reinstatement CORRECTION for a Forei	ign LLC	
Statement of Authority	· · · · · · · · · · · · · · · · · · ·	_	
APOSTIL	Domestication of a Foreign	Corp.	
COUNTRY		_Other	
EVAMINED'S INITIALS			

COVER LETTER

	ew Filing Section ivision of Corporations					
aun in co	Best Rate Parking and Transportat	ion, LLC				
SUBJECT		Limited Liabi	lity Company			
The enclos	ed Articles of Organization and fee(s)	are submitted	i for filing.			
Please retu	rn all correspondence concerning this	matter to the	following:			
	Sandra Z. Green, Esq.				:	2024 OCT !
		Name o	f Person		:	
	JONATHAN H. GREEN & ASSOC	CIATES, P.A.			60	ć,
		Firm/Co	этрапу	· ·-		
	901 Ponce de Leon Boulevard, Suite	e 60 I			: = : -	
		Add	ress		(.	_
	Coral Gables, Florida 33134					
		City/State as	nd Zip Code			_
	szg@jhglaw.com					
	E-mail address: (to be us		annual report notificati	on)		
or further i	nformation concerning this matter, ple	ease call:				
	Sandra Z. Green	305	372-5100			
	Name of Person	Area Code	Daytime Telephone	e Number		
Enclosed is	a check for the following amount:					
	Filing Fee	Certif	55.00 Filing Fee & fied Copy fied copy is enclosed)	S160.00 Certificate Certified Co (additional co	of Status opy	&
	Mailing Address New Filing Section		Street Address New Filing Section Di			
	Division of Corporations P.O. Box 6327		The Centre of Tallaha 2415 N. Monroe Stree			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liab	ility Company is:			
	and Transportation, LLC			
(Must co	ontain the words "Limited	Liability Company, "I	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal c	office of the Limited L	iability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
901 Ponce de Leor	n Boulevard		once de Leon Boulevard	<u> </u>
Suite 601	11 77174	Suite		_ 202
Coral Gables, Flor	10a 33134	Corai	Gables, Florida 33134	一言:
ARTICLE III - Registered A	gent. Registered Office.	& Registered Agent	's Signature:	2024 CCT :
(The Limited Liability Compa	ny cannot serve as its own	Registered Agent. Yo	ou must designate an individual or	<u></u>
another business entity with a			, •	
The name and the Florida stre	et address of the registered	d agent are:	. '	မှာ
	JONATHAN H. GR	EEN & ASSOCIATE	S, P.A.	.5-
		Name	· .	-1
	901 Ponce de Leon E	Boulevard, Suite 601		
	Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)	
	Coral Gables	Florida	33134	
	City	State	Zip	
place designated in this certifica further agree to comply with the	te, I hereby accept the app provisions of all statutes re obligations of my position	ointment as registered elating to the proper a	bove stated limited liability company agent and agree to act in this capacend complete performance of my duti- provided for in Chapter 605, F.S.	ity. I

(CONTINUED)

ARTICLE IV-

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

#N (CD! = N (
"MGR" = Manager MGR	AZIZ, JENNAL 901 Ponce de Leon Boulevard, Suite 601	
	Coral Gables, Florida 33134	
		
		2024 (
		:,
	. 1	; ;2
(Use attachment if necessary)	: :	
affective data is listed the date must be	ate of filing: (OPTIONAL)	r 90 days
effective date is listed, the date must be s te of filing.)	specific and cannot be more than five business days prior to o or meet the applicable statutory filing requirements, this date wil	
effective date is listed, the date must be stee of filing.) If the date inserted in this block does not become it's effective date on the Department.	specific and cannot be more than five business days prior to o or meet the applicable statutory filing requirements, this date wil	
effective date is listed, the date must be steen of filing.) If the date inserted in this block does not become notice that the Department of the Department is effective date on the Department.	specific and cannot be more than five business days prior to o or meet the applicable statutory filing requirements, this date wil	
effective date is listed, the date must be stee of filing.) If the date inserted in this block does no ocument's effective date on the Department of the Department of the Department of a light of the Department of a light of the Department of th	specific and cannot be more than five business days prior to o or meet the applicable statutory filing requirements, this date wil	l not be lis

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)