

5/24/22, 10:43 AM

Division of Corporations

L22000209849

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ULTIMATE TRUCKING SERVICES LLC
Account Number : I20210000148
Phone : (813)830-1214
Fax Number : (813)200-2096

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.
New Service Transport LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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D. O'KEEFE

MAY 27 2022

To:

Page: 1 of 5
850-617-6381

2022-05-26 17:58:04 GMT
5/25/2022 2:24:55 PM PAGE 1/001

18132002096

From: Ultimate Trucking Services
Fax Server



May 25, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ULTIMATE TRUCKING SERVICES LLC

SUBJECT: NEW SERVICE TRANSPORT LLC
REF: W22000069119

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You didn't list the name of manager. Please list the name of manager and refile the document with fax cover sheet.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

FAX Aud. #: H22000183473
Letter Number: 922A00011923

DocuSign Envelope ID: 6047EE3D-A71A-4F38-BFC8-B46DE2A5710D

H22000183473 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: New Service 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:

Gemma Duarte
Name of Person

Ultimate Trucking Services LLC
Firm/Company

13201 Heathermoss Dr # 1504
Address

Orlando, FL 32837
City/State and Zip Code

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

For further information concerning this matter, please call:

Gemma Duarte at (813) 830-1214
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

DocuSign Envelope ID: 6047EE3D-A71A-4F38-8FC8-B46DE2A5710D

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

H 220001834733.

New Service Transport LLC

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

ARTICLE II - Address:

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

Principal Office Address:

13201 Heathermoss Dr # 1504
Orlando, FL 32837

Mailing Address:

13201 Heathermoss Dr # 1504
Orlando, FL 32837

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:

Benny Rodriguez
Name

13201 Heathermoss Dr # 1504
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32837
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.

DocuSigned by:
Benny Rodriguez
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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

13201 Heathermoss Dr # 1504

Orlando, FL 32837

Benny Rodriguez

(Use attachment if necessary)

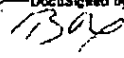
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

DocuSigned by:

18132002096

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.
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.

Benny Rodriguez

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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 TALLAHASSEE, FLORIDA