

L23000023130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

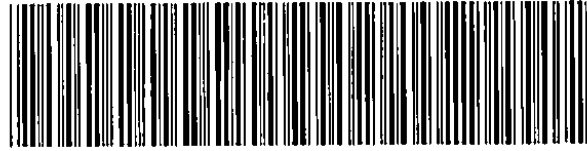
(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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23 JAN 20 AM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2023 JAN 20 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Big Time Transpo 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:

Lamar Hughes
Name of Person

Big Time Transpo LLC
Firm/Company

13 Phillips Rd
Address

Monticello, FL 32344
City/State and Zip Code

hughes01lamar@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lamar Hughes at 850 300-9828
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

SECRETARY OF STATE
TALLAHASSEE, FL 32303

23 JAN 20 AM 5:14

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Name of the Limited Liability Company is:

Big Time Transpo LLC

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

ARTICLE II - Address:

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

Principal Office Address:

13 Phillips Rd
Monticello, FL 32344

Mailing Address:

13 Phillips Rd
Monticello, FL 32344

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(A Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

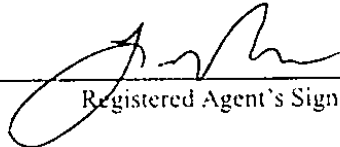
Lamar Hughes
Name

18 Phillips Rd

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

Monticello, FL 32344
City State Zip

I, Lamar Hughes, have been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I 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)

23 JAN 20 AM 5:46
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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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

Lamar Hughes
18 Phillips Rd
Monticello, FL 32344

AMBR

Princess Hall
18 Phillips Rd
Monticello, FL 32344

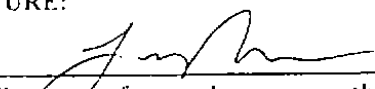
(Use attachment if necessary)

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.

Lamar Hughes
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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