

L24000312667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

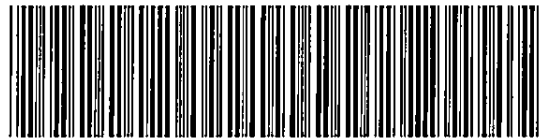
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 JUL 11 PM 5:07
T. J. H.
STATE

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T. J. H.
7/11/24

CRC TRANSPORT LLC

CRC TRANSPORT

Irene Oboroceanu

Insurance Manager

P.O. BOX 3771 Pensacola FL 32516

Phone: 850.752.0320 | Fax: 251.281.2420

insurance@crctransport.us

crctransport.us

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JUN 11 PM 9:07
TAMPA FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CRC 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:

Roman Vulpe
Name of Person

CRC TRANSPORT LLC
Firm/Company

2456 W Nine Mile Rd
Address

Pensacola, FL 32534
City/State and Zip Code

office@crctransport.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roman Vulpe at 850 2540865
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRC TRANSPORT 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:

2456 W Nine Mile Rd, Pensacola, FL 32534

Mailing Address:

2456 W Nine Mile Rd, Pensacola, FL 32534

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:

Roman Vulpe

Name

2456 W Nine Mile Rd

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

Pensacola

FL


32534

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)

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STATE

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:

AMBR

Roman Vulpe, 2456 W Nine Mile Rd. Pensacola, FL 32534

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/26/2024. (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.

Roman Vulpe

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)

FILED
JUN 27 11 11 AM '24
STATE OF FLORIDA
CORPORATION DIVISION

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that CRC TRANSPORT LLC was
formed in Baldwin County on November 20, 2012. The Alabama Entity
Identification number for this entity is 000-053-331. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



20240624000004006

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

06/24/2024

Date

A handwritten signature in black ink, appearing to read "Wes Allen", is written over a horizontal line.

Wes Allen

Secretary of State

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STATE OF ALABAMA