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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4003

From:
Account Name : INCORPORATETIME.COM, INC.
Account Number : I19990000221
Phone : (800)487-8463
Fax Number : (631)244-3665

LIMITED LIABILITY COMPANY

AC Carriers LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

AC Carriers LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

4821 S. Newport Island Dr., Vero Beach FL 32967

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

The name and the Florida street address of the registered agent are:

Albert P. Oliveira
Name

4821 S. Newport Island Drive
Florida street address (P.O. Box NOT acceptable)

Vero Beach FL 32967
City, State, and 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 608, F.S..

Registered Agent's Signature
Albert Oliveira

Article IV - Management (Check box if applicable.)
☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.
Albert Oliveira
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Albert Oliveira
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEES:
$ 100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (OPTIONAL)
$ 5.00 Certificate of Status (OPTIONAL)

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