

L00000012836

Chart Number Only

10/19/00.

Dunkley & Associates  
Requestor's Name  
717 Ponte de Fern Blvd # 310  
Address  
E. Gables FL 33143.  
City State ZIP Phone  
461-4460.

VALIDATION ONLY

600003433186--2  
-10/20/00--01008--023  
\*\*\*125.00 \*\*\*125.00

CORPORATION(S) NAME

Transporting, LLC

correct name per JRMCA  
10-20-00

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Merger
- Mark
- Other LLC
- Change of Register Agent
- Certificate Under
- After 4:30
- Will Wait
- Pick Up
- Mail Out

RECEIVED  
00 OCT 20 AM 9:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

FILED

00 OCT 20 AM 9:49  
STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DB  
10-20-00

Name
Availability
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Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Transporting, LLC.  
Transporting

## ARTICLE II - Address:

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

9443 Fountainebleau BLVD. #114  
Miami, FL 33172

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

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

Lindsay Dinkley  
Name  
717 Ponce De Leon Blvd. #310  
Florida street address (P.O. Box NOT acceptable)  
Coral Gables, FL 33134  
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.*

[Signature]  
Registered Agent's Signature

## 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)

ADRIANA PATRICIA MIRA  
Signature of a member or an authorized representative of a member.

(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.)

Adriana Patricia Mira  
Typed or printed name of signee

### 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)

00 OCT 20 AM 9:49  
FILED