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.

(((H13000212482 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617~6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I2000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

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. FPL TRUCKS LLC

Certificate of Status	11
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help



•	
ARTICI ES OF OPCANIZATION FO	H13000212482 5 PS R FLORIDA LIMITED LIABILITY COMPANY FR
ATTICIANS OF ORGANIZATION FO	R FLORIDA LIVITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compa	iny is:
FPL TRUCK	S LLC 9 SE
(Must end with the words "Limite	d 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:	Mailing Address:
8370 SW 65th Ave APT4	8370 SW 65th AVE APT4
11/101111 + L 35/43	

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:

PEDRO-LUIS FORMELL-CORDOVES

Name

8370 SW 65 have apt 4

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

miami H 331

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

H13000212482

H13000212482

Fitie: MGR" = Manager "MGRM" = Managing Member MGRM	Name and Address: PEDRO-LUIS 7 8370 Sep 65 ANE mianu FC 331	CORNELL-CORD	· 元
	837054 65th Ave miams FC 331	ART4 43	م 51
· · · · · · · · · · · · · · · · · · ·			
(Use attachment if necessary)		٠,	
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)	the date of filing:st be specific and cannot be more the		riot

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. I am aware that any felse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

PEDRO-LUIS FORMELL-CORDOUES

Typed or printed name of signee

Page 2 of 2