(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



000333510990

08/22/19~~01002~~005 **160.00

COVERLETTER

TO: New Filing Section Division of Corporations	
SUBJECT: AVAS EXPIZES TA	PANSPORTATION LLC.
The enclosed Articles of Organization and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	following:
HERBERT MARTE	11 BAKOR III
1630 BAIKIN RO	1 Lot#13
TALLAHASSES +1.	32305
1 1 2 1 2	nnd Zip Code MALL COM annual report notification)
For further information concerning this matter, please call:	
Horbort m. Bakorta 850 Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	5.00 Filing Fee & \$\sqrt{160.00 Filing Fee}\$. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Must contain the words "Limited Liability Company, "E.L.C.," or "LL.C.")	ナノコ
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	

Principal Office Address:	Mailing Address:
1630 BAIKIN RILOT 13	
1630 ON 1040 RG	
TAllahassOT (1. 32305	

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 an HERbook M.	RAKORITI
1630 BAIK	1 2 -
Florida street address (P.O. F	
	tate 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)

AUG 22 AM 9: 55

FILED

Litter	Name and Address:
AMBR = Authorized Member	11 1 2 1 1
MGR" = Manager	HERbort m. BAKEET
	1/23 ROLKIN ROLLOTISTO
	TAILAHASSOF FL 32305
	1A)(A)(A)SS(A) +1 3200
E V: Effective date, if other than the sective date is listed, the date must b	date of filing: 8/23/30/9 (OPTIONAL) e specific and canno be more than five business days prior to or 90
E.V: Effective date, if other than the ective date is listed, the date must bof filling.) The date inserted in this block does	e specific and cannot be more than five business days prior to 61 26
E V: Effective date, if other than the ective date is listed, the date must bot filling.) The date inserted in this block does ment's effective date on the Department.	e specific and cannot be more than five business days prior to 61 26
ective date is listed, the date must b	e specific and cannot be more than five business days prior to 61 26
E V: Effective date, if other than the ective date is listed, the date must bot filling.) The date inserted in this block does ment's effective date on the Department.	e specific and cannot be more than five business days prior to 61 26
E.V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department. E.VI: Other provisions, if any.	e specific and cannot be more than five business days prior to 61 26
E.V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department. E.VI: Other provisions, if any. REQUIRED SIGNATURE.	e specific and cannot be more than live business days prior to of 20 not meet the applicable statutory filing requirements, this date will not nent of State's records.
E.V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department. E.VI: Other provisions, if any. REQUIRED SIGNATURE:	a member or an authorized representative of a member.
E. V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department. E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elamaware that any	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes.
E.V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Department. E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elamaware that any	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes.
E.V: Effective date, if other than the ective date is listed, the date must be of filling.) The date inserted in this block does ment's effective date on the Department's effective date on t	a member or an authorized representative of a member. Acceuted in accordance with section 605.0203 (1) (b). Florida Statutes.