

L19000272818

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : I20180000033
Phone : (305)805-3516
Fax Number : (305)887-5844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: IMERYODALYS@YAHOO.COM

FILED
2019 OCT 14 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
311 HAVANA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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AI190003349533

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 311 HAVANA 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:

IMER L NUNEZ
Name of Person
311 HAVANA LLC
Firm/Company
21283 SW 124th PL.
Address
MIAMI, FL 33177
City/State and Zip Code
IMERYODALYS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IMER L NUNEZ 786 546-6478
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

Street Address
New Filing Section
Division of Corporations
Clifton Building

(H190003349533)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

311 HAVANA 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:

21283 SW 124TH PL
MIAMI, FL 33177

Mailing Address:

21283 SW 124TH PL
MIAMI, FL 33177

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:

IMER L. NUNEZ

Name

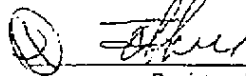
21283 SW 124TH PL

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

MIAMI FL 33177

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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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

IMER L. NUNEZ

21283 SW 124TH PL

MILAMI, FL 33177

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-14-2019 (OPTIONAL)

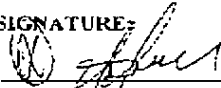
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

N/A

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.

IMER L. NUNEZ

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)

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TALLAHASSEE, FL

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