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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

Fax Number

: (305)805-3516 : (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.

FLORIDA LIMITED LIABILITY CO. LOPEZ EMPIRE TRUCKING LLC

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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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(H20000056743)

COVER LETTER

TO: New Filing Division of	Section Corporations		
SUBJECT:	LOPEZ FA	MPIRE TRUCKING LLC	
		imited Liability Company	
The enclosed Articles	s of Organization and fee(s)	are submitted for filing.	
Please return all corre	espondence concerning this r	matter to the following:	
FL	RST NAME = ADRIAN	LAST NAME = LOPEZ C	ORTIZO
		Name of Person	
	LOPEZ	EMPIRE TRUCKING LLC	c
		Firm/Company	
	12	23 SPRINGDALE CIR	
		Address	
	PALM	SPRINGS, FL 33461	
		City/State and Zip Code	
	LOPEZEN	APIRE@YAHOO.COM	
	E-mail address: (to be used	for future annual report notifica-	tion)
For further information of	concerning this matter, pleas		•
ADDIAN	LODEZ CODZINO		
	me of Person A	786) 828-2726	
	A A	rea Code Daytime Telephon	ne Number
Enclosed is a check for	the following amount:		
X\$125.00 Filing Fee	☐S130.00 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)
New F Divisi P.O. E	ng Address Filing Section on of Corporations Box 6327 sassee, FL 32314	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee L Suite 810

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

LOPEZ EMPIRE TRUCKING LLC

(Must conatin 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:

Mailing Address:

123 SPRINGDALE CIR

123 SPRINGDALE CIR

PALM SPRINGS, FL 33461

PALM SPRINGS. FL 33461

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:

ADRIAN R. LOPEZ CORTIZO

123 SPRINGDALE CIR

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

PALM SPRINGS, FL 33461

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 cortificate, 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.

stered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	
mGK	ADRIAN R. LOPEZ CORTIZO
	123 SPRINGDALE CID
	PALM SPRINGS, FL 33461
	
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