

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.

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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. Enten only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. M & Y TRANSPORT EXPRESS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

(H210000498263)

COVER LETTER

TO:	New Filing Section Division of Corporations		
	M & Y TRANSPORT EXPRESS	LLC	
SUBJE		Limited Liability Company	
The enc	losed Articles of Organization and fee(s)	are submitted for filing	
	eturn all correspondence concerning this	-	
	YUSMILA ARIAS CARRALERO	is the same of the	
		Name of Person	
			-, ~
	M & Y TRANSPORT EXPRESS L	.C	2021
		Firm/Company	THE THE
	3520 W HILLSBORO BLVD APT	207	TEB - 4
		Address	
	COCONUT CREEK, FL 33073		
		City/State and Zip Code	
	YUDMILA07@YAHOO.COM	City/State and Zip Code	••
	E-mail address: (to be us	ed for future annual report notification)	
For furthe	er information concerning this matter, ple	ase call:	
	Yusmila Arias Carralero	908 659-8774	
	Name of Person	Area Code Daytime Telephone Numbe	 -
Engles.	d is a check for the following amount:		
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■ 51.25	.00 Filing Fee S130.00 Filing Fee Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed.	60.00 Filing Fee, ificate of Status & fied Copy onal copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section	New Filing Section Division The Centre of Tallahassee	
	Division of Corporations P.O. Box 6327	2415 N. Monroe Street, Suite	310
	Tallahassee, FL 32314	Tallahassee, FL 32303	

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(H210000498203)

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M & Y TRANSPORT EXPRESS 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:

Mailing Address:

3520 W HILLSBORO BLVD APT 207 COCONUT CREEK, FL 33073 3520 W HILLSBORO BLVD APT 207 COCONUT CREEK, FL 33073

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:

YUSMILA ARIAS CARRALERO

Name

3520 W HILLSBORO BLVD APT 207

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

COCONUT CREEK FL 33073

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 (REOURED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR.MGR	YUSMILA ARIAS CARRALERO	
	3520 W HILLSBORO BLVD APT 207	_
	COCONUT CREEK, FL 33073	
AMBR.MGR	MIGUEL R SANTANA PINO	_
	3520 W HILLSBORO BLVD APT 207 COCONUT CREEK. FL 33073	-~
	COCONOT CREEK. PE 33073	- 02 1
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(Use attachment if necessary)		
(Ose attachment it recossary)		
ARTICLE V: Effective date, if other than	the date of filing: 02/04/2021 (OPTIONAL)	
	st be specific and cannot be more than five business days prior to or 9	f) days after
the date of filing.)		.,
	es not meet the applicable statutory filing requirements, this date will no	ot be listed as
the document's effective date on the Depa		
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ARTICLE VI: Other provisions, if any.		
NONE		
REOUIRED SIGNATURE:		
(\vee) 74	<u>Val</u>).	
Signatud	offa member or an authorized representative of a member.	
This document is	s executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
	any false information submitted in a document to the Department of State	
constitutes a third	d degree felony as provided for in s.817.155, F.S.	
<u>YUSMIL</u>	A ARIAS CARRALERO	
	Typed or printed name of signec	

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)