Division of Corporations Electronic Filing Cover Sheet

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H210003370863ABC/

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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

: (305)805-3516

Fax Number

: (305)887-5844

5.

**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. TRIKETRA COMPANY LLC

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

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Corporate Filing Menu

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(H210003370863)

COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	TRIKETRA COMPANY LLC	
ооргае	Name of Limited Li	ability Company
The enclo	osed Articles of Organization and fee(s) are submi	itted for filing.
Please ret	eturn all correspondence concerning this matter to t	the following:
	FELIX A. FERNANDEZ URIA	
	Nam	e of Person
	TRIKETRA COMPANY LLC	
	Firm	d/Company
	3664 NE 1ST STREET	
	A	ddress
	HOMESTEAD, FL 33033	
	City/State FELIXFER923@GMAIL.COM	e and Zip Code
	E-mail address: (to be used for futu-	re annual report notification)
or further	r information concerning this matter, please call:	
	FELIZ A. FERNANDEZ URIA 305	803-6020
	Name of Person Area Cod	e Daytime Telephone Number
Enclosed	is a check for the following amount:	
≡\$ 125.0	Certificate of Status Cer	\$155.00 Filing Fee & rtified Copy (additional copy is enclosed) \$\sum{2}\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section Division
	Division of Corporations	The Centre of Tallahassee

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

2/0003370963 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

ART		E2 1		۱ ۰.	
AKI	R.I.	.P.	-	NΑ	me:

The name of the Limited Liability Company is:

TRIKETRA COMPANY LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "I.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3664 NE 1ST STREET	3664 NE IST STREET
HOMESTEAD, FL 33033	HOMESTEAD, FL 33033

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:

FELIX A FERNANT	DEZ URIA	
	Name	
3664 NE 1ST STRE	ET	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
HOMESTEAD	FL_	33033
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 upon as provided for in Chapter 605, F.S.

(CONTINUED)

(H21000337086)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
_AMBR	FELIX A FERNANDEZ URIA
	3664 NE 1ST STREET
	HOMESTEAD, FL 33033
AMBR	MARIA D. VILLARDI FERNANDEZ
	3664 NE 1ST STREET
	HOMESTEAD, FL 33033
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department of the Other provisions, if any.	at be specific and cannot be more than five business days prior to or 90 d es not meet the applicable statutory filing requirements, this date will not b
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