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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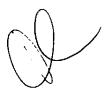
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	Division of Co				
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From	:				
		: EXPRESS CORPORATE	FILING SERV	ICE INC.	
		120000000146 1 (305)444-4994			
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Electronic Filing Menu

Corporate Filing Menu

Help



Page: 3 of 4

ARTICLESO	FORGANIZATION FORFI	ORIDA LIMITEI	) LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liabili	ity Company is:			
	.,		•	
ANPA - CARTAGE	NA INVESTMENTS LLO	5		
(Must con	tain the words "Limited Li	sbility Company	,"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	iddress of the principal offi	ice of the Limite	d Liability Company is:	
Princh	al Office Address:		Mailing Address:	
700 BILTMORE W	AY	700	BILTMORE WAY	
#818		<del># 8</del>	18	_
CORAL GABLES, FL 33134		<u>co</u>	CORAL GABLES, FL 33134	
ARTICLE III - Registered Aş (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own R active Florida registration. address of the registered a	egistered Agent. ) gent are:	ent's Signature: You must designate an individual or	2021 NOV
	ANGELA LIZETT VE	LASQUEZ		
		Namo		22
	700 BILTMORE WAY	/ #818 		
	Plorida street address (	P.O. Box NOT	acceptable)	
	CORAL GABLES.	FL	33134	1
	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 603, F.S.

(CONTINUED)

Şignature (REQUIRED)

Page: 4 of 4

Title: "AMBR" = Authorized Memb	Name and Address: et	
"MGR" = Manager	•	
AMBR	ANGELA LIZETT VELASQUEZ	
	700 BILTMORE WAY#818	
	CORAL GABLES, FL 33134	
AMBR	LILIANA PATRICIA GOMEZ HINCAPIE	
	7251 SW 113 CT CIR MIAML FL 33173	
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(Use attachment if necessary)		<b>~</b> 3
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effective date is listed, the date in	mist be specific and cannot be more than five business days prior to or 90 ds	Armen
: If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be	listed as
ocument's effective date on the De	epartment of State's records.	10
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ICLE VI: Other provisions, if any.	T.,	4.0
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REQUIRED SIGNATURE:	11	
REQUIRED SIGNATURE:	1/m/r2/	
	re of a member or an authorized representative of a member.	
Signatu This documen	ire of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State	

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)