Page: 2 of 4

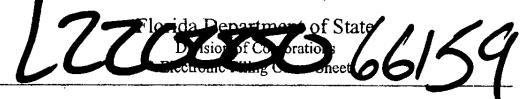
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From: Yanet Avila

2/17/22, 10:28 AM

Division of Corporations



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

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:

FLORIDA LIMITED LIABILITY CO. ONE LINE TRANSPORT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 3 of 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:		
ONE LINE TRANS		V 1 1 1 1 2 2 1	W. L.O. B., W. L.O. B.
(Must cont	ain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Limited	Liability Company is:
Princip	al Office Address:		Mailing Address:
1665 W 65TH ST			
HIALEAH, FL 3301	2	<u>SAM</u>	E
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its own active Florida registrati	n Registered Agent. Yon.)	t's Signature: 'ou must designate an individual or
	REINALDO AGUII	RRE MARTINEZ	
		Name	•
	1665 W 65TH ST		
	Florida street addre	ss (P.O. Box <u>NOT</u> ac	ccptable)
	HIALEAH	FL	33012
	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)

ZUZ FEB 17 PH 12: 10

Page: 4 of 4

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

AMBR RENALDO AGUIRRE MARTINEZ 1663 W 65TH ST HIALEAH. FL 33012 (Use attachment if necessary) E. Y: Effective date, if other than the date of filing: (OPTIONAL) service date is listed, the date must be specific and cannot be more than five business days prior to or 90 definition. It is discovered in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 603.0203 (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. REINALIXA AGUIRRE MARTINEZ. Typed or printed name of signee	-	Name and Address:
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