Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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. F LOPEZ TRUCKING LLC

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33	5.0	Certificate of Status	1
::		Certified Copy	0
Σ	-	Page Count	03
<u>⊶</u>	·	Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

3052201440

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

F LOPEZ TRUCKING LLC

(Must end with 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

1354 SW 3RD ST # 2 MIAMI, FL, 33135

1354 SW 3RD ST # 2 MIAMI, FL. 33135

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

(The Limited Liability Company cannot serve as it own Registered Agent. You must designate and Individual or another business entity with an active Florida registration)

The name and the Florida street address of the registered agent are:

FLAVIO H LOPEZ SR

Name

1354 SW 3RD ST # 2

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

MIAMI, FL. 33135

City, State, and 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 certificated, hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (Required)

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Menager or Managing Member is as Follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

FLAVIO H LOPEZ SR. 1354 SW 3RD ST # 2 MIAMI, FL. 33135

(Use attachment if necessary)

ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILLING: 10/17/2022, (OPTIONAL) (IF AN EFFECTIVE DATE IS LISTED, THE DATE MUST BE SPECIFIC AND CANNOT BE MORE THAN FIVE BUSINESS DAYS PRIOR TO OR 90 DAYS AFTER THE DATE OF FILLING.)

REQUIRED SIGNATURE:

SIGNATURE OF A MEMBER OF AN AUTHORIZED REFRESENTATIVITOF A MEMBER.

(in accordance with section 608.408(3), Florida Statutes, the execution of the adocument constitutes an efficiention under the penalties of perjuty that the facts stoted herein as true;

FLAVIO H LOPEZ SR

Typed or printed name of signee

22 OCT 18 PH 12: 35