

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX 4 TRUCKS INC Account Number : I20190000100 Phone : (305)764-3080 Fax Number : (305)675-6155

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

JORGE@TAX4TRUCK\$ COM

Email Address:

FLORIDA LIMITED LIABILITY CO. SAMY TRANSPORT SERVICES LLC

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Certificate of Status	0
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Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N

The name of the Limited Liability Company is:

SAMY TRANSPORT SERVICES 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:

2403 TIMOTHY LN	2403 TIMOTHY LN
KISSIMMEE, FL 34743	KISSIMMEE, FL 34743
	-

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:

YOERLAN ARANZABAL RODRIGUEZ

Name

2403 TIMOTHY LN

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

 KISSIMMEE
 FL
 34743

 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 of registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	YOERLAN ARANZABAL RODRIGUEZ 2403 TIMOTHY LN KISSIMME, FL 34743
(Use attachment if necessary)	
LEV: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block do	the date of filing:
LE V: Effective date, if other than flective date is listed, the date mu of filing.)	it be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than flective date is listed, the date mu of filing.) If the date inserted in this block do ument's effective date on the Depi LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document if I am aware that constitutes a thir	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State.