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

Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 Phone : (305)805-3516 Fax Number : (305)887-5844

**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. **READY ANY TIME 24/7 LLC**

Certificate of Status	0
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COVER LETTER

	lew Filing So Division of Co							
SUBJEC".	Ready Ar	y Time 24/7 LLC						
OODSEC.		Name	of Limite	ed Liabil	ity Company	***************************************		
The enclos	sed Articles o	f Organization and fee	(s) are s	ubmitted	for filing.			
Please reta	ırn all corresi	nondence concerning t	his matte	r to the i	following:			
	Monica Por	tela						
]	Name of	Person			
				Firm/Co	mpany			
	2442 Hibiso	eus Bay Ln						
				Addr	233			
	Brandon, Fl	L 33511						
	monicaportel	a_137@hotmail.com	City/	State and	d Zip Code	··········		
-		E-mail address: (to be	used for	future a	nnual report notificati	on)		
For further is	nformation co	oncerning this matter, p	olease ca	II:				
	Monica Porte		346 at (2823916		÷	23
	Nan	ne of Person			Daytime Telephone	Number		J.:1
Enclosed is	a check for t	he following amount:					1.*.	Ω Ω
≅\$ 125,00	Filing Fee	☐S130.00 Filing F Certificate of Statu	Б	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	Certificate Certified (Filing Fee, cof Status & Copy opp is enclose	ار دی دی ed)
	New F Divisio P.O. B	iling Section on of Corporations ox 6327 assee, FL 32314		1	Street Address New Filing Section Div The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee L Suite 810		

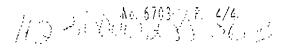
和自己的人员的人

ARTICLES OF	ORGANIZATION FOR	FLORIDA LIA	MITED CLABILETY COMPANY			
ARTICLE I - Name: The name of the Limited Liabilit	y Company is:					
Ready Any Time 24/						
(Must conta	in the words "Limited	Liability Con	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ac	ldress of the principal c	office of the L	imited Liability Company is:			
Principal Office Address:			Mailing Address:			
2442 Hibiscus Bay Ln			2442 Hibiscus Bay Ln			
Brandon, FI, 33511	Brandon, FL 33511		Brandon, FL 33511			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	camot serve as its own ctive Florida registratic	Registered A	f Agent's Signature: gent. You must designate an individua} or			
	Monica Portela					
		Name				
	2442 Hibiscus Bay L	II				
	Flurida street address (P.O. Box NOT acceptable)					
	Brandon	FL	33511			
	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)



as

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
AMBR	Monica Portela			
	2442 Hibiscus Bay Lu Brandon, FL 33511			
<u>-</u>	D100000 FG 55511			
MBR	Ricardo Portela			
	2442 Hibiscus Ray Lu			
<u> </u>	Brandon, F1. 33511			
www.torust.inret.illuminim y.com.uu.co .			 -	
-		—·-	-	
			_	
-			-	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of file that the date of the control of the c	$\frac{DI//9/23}{1}$ (OPTION	IAL)		
ir an effective date is usted, the date must be specific	and cannot be more than five business days pric	r to or 90) days af	fter
ne date of filing.) <u>Vote:</u> If the date inserted in this block does not meet t	the applicable statutory filing requirements, this da	te will no	t be liste	ed a
he document's effective date on the Department of St			1 10 11110	,
RTICLE VI: Other provisions, if any.				
		· · ·	<u></u>	
REQUIRED SIGNATURES		15.		
TV OYLLCA	ortela.	;· .	(C)	•
Signature if a membe	r or an authorized representative of a member.	<u> </u>		
	i accordance with section 605,0203 (1) (b), Florida rmation submitted in a document to the Departmen			
constitutes a third degree felo	ny as provided for in s.817.155, F.S.	1 271 1,11416	 دی	
3774	vica Portela	· .	ئ	
	ped or printed name of signee			
- 2				

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)