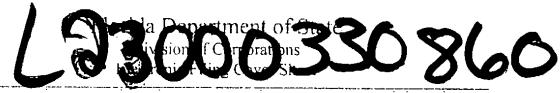
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Division of Corporations



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## FLORIDA LIMITED LIABILITY CO. SERVICES ON ROAD L.L.C.

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FLORIDA DEPARTMENT OF STATE Division of Corporations

EXPRESS

July 12, 2023

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SUBJECT: SERVICES ON ROAD L.L.C.

REF: W23000095192

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The font is to small.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Operations Manager A FAX Aud. #: H23000243145 Letter Number: 323A00015407

## ARTICLESOF ORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

|  | SERVICES ON   | ROAD L.L.C.  |  |
|--|---|--|--|
| (Must end  | with the words "Limit   | ed Liability Comp  | cany, "L.L.C.," or "LLC.")                                       |
| ARTICLE II - Address:  |   |  |  |
| The mailing address and street   | address of the principal  | office of the Lim  | ited Liability Company is:                                       |
| Princi   | pal Office Address:   |  | Mailing Address:   |
| 15420 SW 136 TH ST   | TUNITE 43   |  | TRUCKZONEFLORIDA & GMAIL COM                                     |
|  |   |  |  |
| The Limited Liability Compan   | gent, Registered Office<br>y cannot serve as its ow   | n Registered Ager  | SAME  Agent's Signature:  It. You must designate an individual o |
| ARTICLE III - Registered A   | gent, Registered Office<br>by cannot serve as its ow<br>active Florida registrat  | n Registered Ager<br>ion.)                                       | agent's Signature:   |
| ARTICLE III - Registered A<br>The Limited Liability Compan<br>mother business entity with an | gent, Registered Office<br>by cannot serve as its ow<br>active Florida registrat  | n Registered Ager<br>ion.)<br>ed agent aro:<br>ira Martin        | agent's Signature:   |
| ARTICLE III - Registered A<br>The Limited Liability Compan<br>mother business entity with an | gent, Registered Office<br>by cannot serve as its ow<br>active Florida registrat<br>t address of the register                   | n Registered Ager<br>ion.)<br>ed agent aro:                      | agent's Signature:   |
| ARTICLE III - Registered A<br>The Limited Liability Compan<br>mother business entity with an | gent, Registered Office<br>by cannot serve as its ow<br>active Florida registrat<br>t address of the register                   | n Registered Ager<br>ion.)<br>ed agent aro:<br>RA MARTIN<br>Name | agent's Signature:   |
| ARTICLE III - Registered A<br>The Limited Liability Compan<br>mother business entity with an | gent, Registered Office<br>y cannot serve as its ow<br>active Florida registrat<br>t address of the registere<br>MIGUEL ABRAI   | n Registered Ager<br>ion.)<br>ed agent aro:<br>RA MARTIN<br>Name | agent's Signature:<br>nt. You must designate an individual o     |
| ARTICLE III - Registered A<br>The Limited Liability Compan<br>mother business entity with an | gent, Registered Office<br>y cannot serve as its own<br>active Florida registrate<br>t address of the registere<br>MIGUEL ABRAI | n Registered Ager<br>ion.)<br>ed agent aro:<br>RA MARTIN<br>Name | agent's Signature:<br>nt. You must designate an individual o     |

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)

Pagel of2

| <u>Title:</u> "AMBR" = Authorized Mc "MGR" = Manager  | Name and Address:   |
|---|---|
| AMBR  | MIGUEL ARRAIRA MARTIN   |
|   | 133415W 73 TH ST, MIAMI, FLORIDA, 33153   |
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| ective date is listed, the date<br>of filing.)<br>the date inserted in this bloc  | han the date of filing:   |
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