Florida Department of State

Division of Corporations

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Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
KALIL TRANSPORT LLC

Certificate of Status	0
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: KALIL TRANSPORT LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BILLY KALIL
Name of Person

KALIL TRANSPORT LLC
Firm/Company

1451 W CYPRESS CREEK RD, #300
Address

FT LAUDERDALE, FL 33309
City/State and Zip Code

leems@americanmausoleums.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILLY KALIL at (561) 935-9692
Name of Person Area Code Daytime Telephone Number

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

KALIL TRANSPORT 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:
1451 W CYPRESS CREEK RD. #300 FT LAUDERDALE, FL 33309	SAME

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:

GERMAN GONZALEZ
Name

1451 W CYPRESS CREEK RD #300
Florida street address (P.O. Box 501 acceptable)

FT LAUDERDALE, FL 33309
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)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR/MGR	BILLY KALIL 1451 W CYPRESS CREEK RD #300 FT. LAUDERDALE, FL 33309
AMBR	GERMAN GONZALEZ 1451 W CYPRESS CREEK RD #300 FT LAUDERDALE, FL 33309

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
50% OWNERSHIP TO EACH MEMBER

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

BILLY KALIL
Typed or printed name of signee

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