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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

APPROVED
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03 DEC -8 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03 DEC -9 AM 7:55
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

transport car, llc

Certificate of Status	0
Certified Copy	1
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12-9-03

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ARTICLES OF ORGANIZATION

FOR

TRANSPORT CAR, LLC

ARTICLE I. - NAME:

The name of this Limited Liability Company ("Company") shall be:

TRANSPORT CAR, LLC

ARTICLE I. - ADDRESS

The mailing address and street address of the principal office of the Company is:
2901 SW 8 Street, Suite 204, Miami, Florida 33135

ARTICLE II. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE III. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager is:

Luis Boschetti
2901 SW 8 Street, Suite 204
Miami, Florida 33135



Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.413 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

TRANSPORT CAR, LLC

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


LUIS BOSCHETTI
NAME

2901 S.W. 8 Street, Suite 204

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 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 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.*


SIGNATURE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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