

L05000019920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

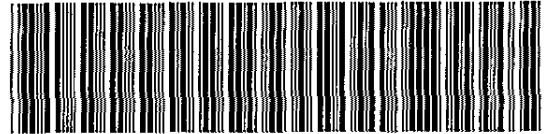
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

[Handwritten Signature]

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TALLAHASSEE, FLORIDA

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05 FEB 28 PM 2:14
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TALLAHASSEE, FLORIDA

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LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

FILED
05 FEB 28 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. TRANSIT CARGO SERVICES, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:06 ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

Article I – Name

The name of the Limited Liability Company is:

TRANSIT CARGO SERVICES, LLC

Article II – Address

The mailing address and the street address of the principal office of the limited liability Company is:

1665 N.W. 79 Avenue
Miami, Florida 33122

Article III – Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida Street of the registered agent are:

John H. Shaw

Name

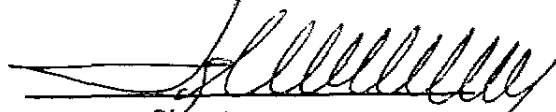
1665 N.W. 79 Avenue
Miami, FL. 33122

Florida street address

Miami, FL. 33122

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 as provide for the Chapter 608F.S.

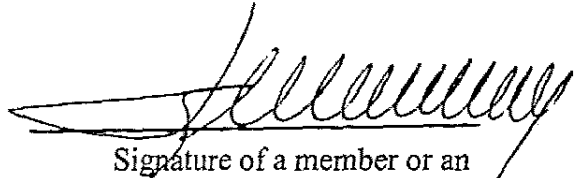

Signature
Registered agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

Article IV-Management

Limited Liabilited Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



Signature of a member or an
authorized representative of a member

(In accordance with section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John H. Shaw

Typed or printed name of signee

MEMBERS

John H Shaw
1665 NW 79 Ave
Miami, Fl. 33122

Federico Gonzalo Calvo
1665 NW 79 Ave
Miami, fl. 33122

DATED February 23, 2005