

LOS000038435

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

NUEVA SPARES TRANSPORT, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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DIVISION OF CORPORATION

APR 19 11:27
TELEPHONE RELOAD

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NUEVA SPARES TRANSPORT, 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:

411 NW 37TH ST. APT #3
MIAMI, FL 33127-3144

411 NW 37TH ST. APT #3
MIAMI, FL 33127-3144

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

VALENTIN VILLANUEVA-OSORIA

Name

411 NW 37TH ST. APT #3

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33127-3144

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 provided for in Chapter 608, F.S.


Registered Agent's Signature

2019 JUN 11:27
VALENTIN VILLANUEVA

(CONTINUED)

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

VALLENTIN VILLANUEVA-OSORIA
-411 NW 37TH ST. APT #3
-MIAMI, FL 33127-3144

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

VALLENTIN VILLANUEVA-OSORIA

Typed or printed name of signer

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)

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