

L06 0000 64819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

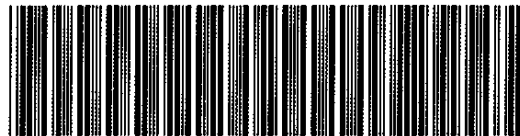
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06 JUN 27 AM 11:07

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2006 JUN 27 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LAZARUS**  
**CORPORATE FILING SERVICE**  
**3320 SW 87<sup>TH</sup> AVENUE**  
**MIAMI, FL 33165**  
**305-552-5973**

Office Use Only

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

1. WESTON CARRIERS, 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**

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

**ARTICLES OF ORGANITAZION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

**The name of the Liability Company is:**

**WESTON CARRIERS, LLC**

**ARTICLE II – Address:**

**The mailing address and street address of the principal office of the Limited Liabilities Company is:**

**4651 SW 51 ST #809 DAVIE FL 33314**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

GUERY IPARRAGUIRRE

Name

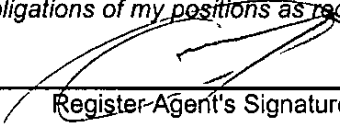
4651 SW 51 STREET #809

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

DAVIE FL 33314

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 designed 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 familiar with and accept the obligations of my positions as registered agent as provided for ub Chapter 608, F.S.*

  
Register Agent's Signature

**ARTICLE IV - Management ( Check box if applicable.)**

- ☒ The Limited Liabilities Company id to be managed by one manager of more managers and is, therefore, a manager - managed company.

GUERY IPARRAGUIRRE MGR

4651 SW 51 STREET # 809 DAVIE FL 33314

HAROLD IPARRAGUIRRE MGR

4651 SW 51 STREET # 809 DAVIE FL 33314

GIULIANA LAZO MGR

4651 SW 51 STREET # 809 DAVIE FL 33314

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**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.)*

GUERY IPARRAGUIRRE

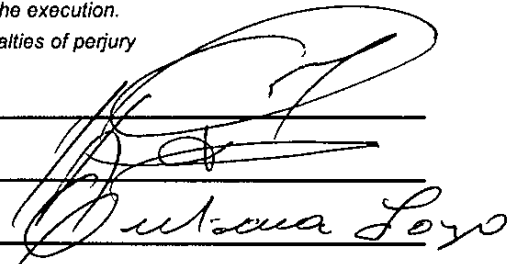
X

HAROLD IPARRAGUIRRE

X

GIULIANA LAZO

X

A handwritten signature in cursive script, appearing to read "Juliana Lazo", is written over the signature line for Giuliana Lazo. The signature is fluid and extends across the line.

**Typed of printed name of signee**