

LU60000 64820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

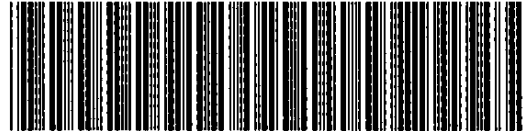
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RECEIVED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165

305-552-5973

Office Use Only

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

1. WESTON AUTO TRANSPORT, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

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 AUTO TRANSPORT, 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

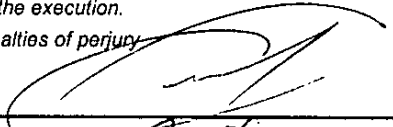
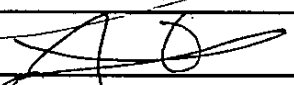
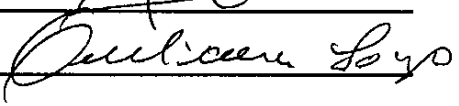
GIULIANA LAZO MGR

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.)

<u>GUERY IPARRAGUIRRE</u>	X	
<u>HAROLD IPARRAGUIRRE</u>	X	
<u>GIULIANA LAZO</u>	X	

Typed of printed name of signee