

LO90VVU72818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

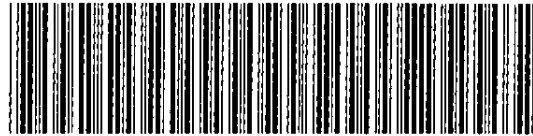
(Business Entity Name)

(Document Number)

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

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200158828792

07/29/09--01022--012 \*\*155.00

RECEIVED  
09 JUL 29 AM 10:42  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 JUL 29 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUL 29 2009

EXAMINER

# 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. MSD CARGO 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 ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Liability Company is:

**MSD CARGO LLC**

**ARTICLE II – Address:**

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

**17299 NW 89 AVE**

**MIAMI FL 33018**

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

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

**DAIMARA BRITO**

Name

**17299 NW 89 AVE**

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

**MIAMI FL 33018**

City, State, and Zip

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*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 in Chapter 608, F.S.*

  
Register Agent's Signature

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

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


**DAIMARA BRITO** **MANAGER**  
**17299 NW 89 AVE** **MIAMI FL 33018**

(An additional article must be added if an affected date is required)

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 and affirmation under the penalties of perjury that the facts stated herein are true.)

**DAIMARA BRITO**

X

  
Typed of printed name of signee

**7/20/2009**