Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000009660 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICEN

Account Number: 120000000019 : (305)552~5973

: (305)220-1440

Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Enail Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO. **MULTICARGO LLC**

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

JAN 15 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H10000009660

| | | ZUIU TAL |
|--|--|--|
| RTICLES OF ORGANIZATION FOR F | LORIDA LIMITED LIABILITY CO | MEANY |
| ARTICLE 1 - Name: | | ASS. |
| The name of the Limited Liability Company is | 9: | EEO 3 |
| | | OF STA |
| MULTICARGO (Must end with the words "Limited Liah | LLC | SE |
| (Must end with the words "Limited Linh | oility Company, "L.L.C.," or "LLC.") | D.L.I |
| ARTICLE II - Address: | | |
| The mailing address and street address of the p | principal office of the Limited Liability Co | ompany is: |
| Principal Office Address: | Mailing Address: | |
| | | |
| 204 NW 3AUE HALLAUDALE BEACH R 33009 | <u>Same</u> | |
| HACIANDACE DEACH BE 33109 | | - |
| The name and the Florida street address of the | POTOLICCHIO | |
| | • | |
| 7715 Nu | 96 ST address (P.O. Box NOT acceptable) | |
| | | |
| MIAM! | FL 33/66_ | |
| City, State | | |
| Having been named as registered agent and a liability company at the place designated is registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as the proper agent the obligations of my position as the proper agent the obligations of my position as the proper agent the obligations of my position as the proper agent the obligations of my position as the proper agent the obligations of my position as the proper agent the proper agent to the proper a | in this certificate, I hereby accept the appoi city. I further agree to comply with the pro | niment as visions of all ar with and |
| | | |
| Designed Apont's Sig | | |
| YORKET A POINT I AND | marke (REQUIRED) | |

(CONTINUED)
Page 1 of 2

H10000009560

| "MGRM" = Managing Member MGRM VICENTE POTOLICCHIO 7715 NW 46 ST MI GYNI FL 33166 ALLAHASSEE FLSTARY SEE FLSTARY ODDATE CUse attachment if necessary) CLE V: Effective date, if other than the date of filing: OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior | Title: MGR" = Manager | Name and Address: | |
|---|------------------------------------|---|---------|
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | | VICENTE POTOLICCHIO | 9 |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | | TALLARE LLARE | AF ninz |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | | T S T S T S T S T S T S T S T S T S T S | |
| CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior | | —————————————————————————————————————— | \sim |
| | ` LEV: Effective date, if other | than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days p | |
| | C: matture of | for murchas as an enthantised wastrasprintfully of a marmbar | , |
| | (in accordan of this docu | nce with section 608.408(3), Plorida Statutes, the execution ment constitutes an affirmation under the penalties of perjury | |
| Signature of a member or an authorized representative of a solution (in accordance with section 608.408(3), Plotida Statutes, the exc of this document constitutes so affirmation under the penalties of that the facts stated herein are true.) | | | |

Filing Feen

\$125.00 Filing Fee for Articles of Organization and Designation

- of Registered Agent
 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Options)

Page 2 of 2