10000102708

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





000185465560

09/30/10--01007--026 **155.00

O SEP 30 PM 1: 06
SECRETARISTS FOR THE CONTRACTOR OF THE CONTRACTO

J. BRYAN

OCT -1 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co						
SUBJI	ECT: LAMAZ	TRUCKING, LLC Name of Limit	ed Liability Cor	npany			
			ř				
The en	closed Articles o	of Organization and fee(s) are	submitted for fi	ling.			
Please	return all corresp	ondence concerning this mat	ter to the follow	ring:			
	NARCE R P	EDE7					
	NARCE R F	EREZ	Name of Person				
	I ANAZ TOU						
	LAMAZ TRU	UKING, LLC	Firm/Company			·	
			ritil/Company			1 S	
	3031 NW 78t	h AVENUE				国 智	4
			Address			30	1
	HOLLMAGO	D EL 00004				DEE:	0
	HOLLYWOOI		/P4-4 1 7: C	\			
	veloz_lamaz (y/State and Zip C	.ode		SEP 30 PM 1: 06	í
	Veloz_latitaz (E-mail address: (to be used	for future annual	report notification	n)		
For fur	ther information	concerning this matter, please	e call:				
NAR	CE R PEREZ	<u> </u>	at (_954	₁ 275-255	51		
	Name	of Person		ode & Daytime	Telephone Numi	per	
Enclos	sed is a check for	or the following amount:					
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified	iling Fee & Copy copy is enclosed)	Certifie	ate of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	t/Courier Address tration Section ton of Corporati n Building Executive Center trassee, FL 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR FI	ORIDA LIMITED LIARII ITX COMPANX			
ANTICLES OF CHOANZATION FORTI				
ARTICLE I - Name:	200			
The name of the Limited Liability Company is:				
, , ,				
LAMAZ TOLICIZINO LLO	Gy, ig			
LAMAZ TRUCKING, LLC (Must end with the words "Limited Liabi	Fig. Company "LLC " or "LLC"			
(Must end with the words Embled Liaon	inty Company, E.E.C., of EEC.			
ARTICLE II - Address:				
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:			
D	76 W A 11			
Principal Office Address:	Mailing Address:			
3031 NW 78th AVENUE	3031 NW 78th AVENUE			
HOLLYWOOD, FL 33024	HOLLYWOOD, FL 33024			
USA	USA			
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the INARCE R PEREZ				
Name	19-19-19-19-19-19-19-19-19-19-19-19-19-1			
OFOA COUTH OOF AND	DIVE #4500			
2501 SOUTH OCEAN DI				
	dress (P.O. Box <u>NOT</u> acceptable)			
HOLLYWOOD	FL 33019			
City, St	ate, and Zip			
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			
(CONT)	INUED)			

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managin	g Member
MGR	NARCE R PEREZ
	2501 SOUTH OCEAN DRIVE #1509
	HOLLYWOOD, FL 33019
	EF 30 PM 1: OT
(Use attachment if ne RTICLE V: Effective date, an effective date is listed, or 90 days after the date of REQUIRED SIGNA	if other than the date of filing: 10/01/2010 . (OPTIONAL) the date must be specific and cannot be more than five business days priof filing.)
Sign	nature of a member of an authorized representative of a member.
(In a of the	accordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
	NARCE R PEREZ
	Typed or printed name of signee
Filing Fees	

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)