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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : I20000000019

: (305)552-5973

Fax Number : (305)220-1440

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

mail Address:

FLORIDA LIMITED LIABILITY CO. O.R.M TRANSPORTATION AND SERVICES LLC.

Certificate of Status

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EXAMINER

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
13196 2W 9 Tenence Mary FI 33184
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Oscar Bodniguy:
13196511 9 Tennar Mousi #1 33184. Florida street address (P.O. Box NOT acceptable)
FL
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 designated 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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S
Registered Agem's Signature (NEQUIPAD)
(CONTINUED)

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Page 1 of 2

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