

L11000141224

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.

((H11000294846 3))



H110002948463ABC2

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 16 AM 11:20

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
S-TRANS LOGISTICS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 16 AM 11:20

B. KOHR
DEC 16 2011
EXAMINER

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 DEC 16 AM 11:20

ARTICLES OF ORGANIZATION

OF

S-TRANS LOGISTICS, LLC

ARTICLE I

The name of the limited liability company is S-TRANS LOGISTICS, LLC

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

7836 NW 46 Street
Miami, FL 33166

ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all lawful business.

ARTICLE IV

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

SARA BUSTAMANTE
7836 NW 46 Street
Miami, FL 33166

Having been named as the 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.

Date: _____


SARA BUSTAMANTE

ARTICLE V

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

Title:

Name and Address:

Manager

Sara Bustamante
7836 NW 46 Street
Miami, FL 33166

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.

Authorized Signee:



SARA BUSTAMANTE

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, SARA BUSTAMANTE who after being first duly sworn, under oath, deposes and says:

1. The undersigned is the sole Director and the President of S-TRANS LOGISTICS CORP., a Florida corporation, filed with the Florida Department of State on November 7, 2011, which is filing Articles of Dissolution.
2. The undersigned hereby consents to and authorizes the use of the name S-TRANS LOGISTICS, LLC.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of Revoking the Dissolution of the entity.

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

SS:


SARA BUSTAMANTE

Driver License #
B231-780-725430

PERSONALLY appeared before me, SARA BUSTAMANTE who is personally known to me, who being by me first duly sworn, acknowledges that she signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 07 day of December, 2011.


Notary Public



SARA TEARLE SIOLEY
NOTARY PUBLIC
STATE OF FLORIDA
MY COM. EXPIRES MAR 23, 2012
WWW.FLORIDANOTARY.COM