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SECRETARY OF STATE ALLAHASSEF, FI DOIL

J. SAULSBERRY EXAMINER

MAR 28 2012

# **COVER LETTER**

TO: Registration Section Division of Corpora			•
SUBJECT: HAULER	S XPRESS  Name of Limit	LLC ed Liability Company	
The enclosed Articles of Orga	nization and fee(s) are	submitted for filing.	
Please return all corresponden	ce concerning this mat	ter to the following:	
XIOMARA Z	UNIGA		
7(10)1111 (17)	011107	Name of Person	1 177 Millel Ser
4-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Firm/Company	
5256 NW 19	S CT		2012 MAR 28 SECRETARY ALLAMASSI
5256 NW 186	) 31	Address	AX HA
			MAR 28 AM S RETARY OF ST AHASSEE, FLO
MIAMI FL. 330		(C. 12' O. 1	
FREIGHTTRAN		y/State and Zip Code	M 9: 2
		or future annual report notification)	
For further information conce	ning this matter, please	e call:	
XIOMARA ZUNIGA		054 4177049	
Name of Pers	on	_ at ( 954 <u>) 4177918</u> Area Code & Daytime Telep	shone Number
	following amount: 0.00 Filing Fee & ortificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	]\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.C	iling Address distration Section rision of Corporations b. Box 6327 lahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compan	ny is:	
HAULERS XPRESS LL	2.	
(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:  5256 NW 186 ST  MIAMI FL. 33055  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		
	he principal office of the Limited Li	ability Company is:
Principal Office Address:	<b>Mailing Address:</b>	
5256 NW 186 ST		
MIAMI FL. 33055	MIAMI FL. 33055	
		idual or another
The name and the Florida street address of	the registered agent are:	Z012 MAR SECRET
XIOMARA ZUNIGA	Α	F IL 2 MAR 28 CRETARY LAHASSEI
	Name	28 ARY SSE
12112 SAINT AND	DREWS PLACE # 208	
Florida stre	et address (P.O. Roy NOT accentable)	

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..

FL 33025 City, State, and Zip

**MIRAMAR** 

Registered Agents Signature (REQUIRED)

(CONTINUED)

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:

MGR	XIOMARA ZUNIGA	
	12112 SAINT ANDREWS PLACE. # 208	
	MIRAMAR, FL. 33025	
MGR	OSCAR CRISTANCHO	
	12112 SAINT ANDREWS PLACE # 208	
	MIRAMAR FL. 33025	
MGR	RODNEY ZAMORA ZE	2012 HAR 28
	10711 NORTH SNAPPER CREEK DRIVE	
	MIAMI FL. 33173	50
	Si R	28
	<u></u>	-
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	DA DA	22
	sary)	

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 an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

### XIOMARA ZUNIGA

Typed or printed name of signee

### 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)