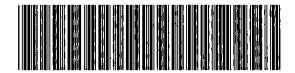
L13000124488

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	PAIT	MAIL
	(
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	
	SEP - 4	2013
	A. LUI	47

Office Use Only



100251058581

09/04/13-+01017--003 **125.00

RECEIVED

13 SEP -4 AM 9: 27

INVESION OF CORPOGNATION

TALLAHASSE RORDA

3 SEP -4 AM 9: 30



COVER LETTER

TO:

Registration Section
Division of Corporations

PRINCE. EAST AMERICAN CARGO LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN (CANO		
		Name of Person	
		Firm/Company	
1012 H	EMINGWAY	CIR	
		Address	
HAINE	S CITY, FL 33	3844	
		ty/State and Zip Code	83.E
BCPLINC	@LIVE.COM		H _O 2
**************************************	E-mail address: (to be used	for future annual report notification)	Z.,
For further information	concerning this matter, please	e call:	哥哥
JOHN CAN	10	_at (850) 421-0552	•
Name	of Person	Area Code & Daytime Telephone Num	iber
Enclosed is a check for	or the following amount:		
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	O Filing Fee, cate of Status & ced Copy and copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Limited Liability Company	is:			
EAST AMERICAN (CARGO LLC				
1	(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")			
ARTICLE II -	Address:				
The mailing add	lress and street address of the	principal office of the Limited Lia	ability Con	pany is	:
Principal Office	e Address:	Mailing Address:			
1012 HEMINGWAY	CIR	1012 HEMINGWAY CIR			
HAINES CITY, FL 3	3844	HAINES CITY, FL 33844			
	S				
The name and th	ne Florida street address of the	e registered agent are:	ECRETAKY LLAHASSE	3 SEP -4	Ē
	Nan	ne	file.	Ŧ	-
	1012 HEMINGWAY CIR		3 55	9: 30	
				ဆ	
		address (P.O. Box <u>NOT</u> acceptable)	≱m		
		address (P.O. Box <u>NOT</u> acceptable) FL 33844	≱m		
	Florida street a	· · ·	¥m		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	JOHN CANO		
	1012 HEMINGWAY CIR		
	HAINES CITY, FL 33844		
			
	4		
We will have the second to the			
			13 SEP
water and the state of the stat		- F	1- d
		<u> </u>	=
		50	بَ
(Use attachment if necessary)		夏司	30
LE V: Effective date, if other than th	e date of filing: 9/3/2013	(OPTIO)	NAL)
ffective date is listed, the date must or 90 days after the date of filing.)	st be specific and cannot be more tha	n five busi	ness da
REQUIRED SIGNATURE:			

JOHN CANO

Typed or printed name of signee

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

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)