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.

(((H13000255939 3)))



H130002559393ABC4

To:	·	
	Division of Corporations	
	Fax Number : (850)617-6383	いる
	·	23
From:		加到
	Account Name : LAZARUS CORPORATE FILING SERVICE,	INC. TO
	Account Number : I20000000019	55
	Phone : (305)552-5973	22
	Fax Number : (305)220-1440	- Qr
		•

3 NOV 19 AM 8:3 ECRETARY UF STATE LAHASSEE: FLORIE

FLORIDA LIMITED LIABILITY CO. SKYWAY TRUCKING SERVICE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

K.SALY EXAMINER NOV 2 0 2013 10/01/2031 05:28 Nov 19 2013 02:01PM HP Fax 9549876422

page 2

10/01/2031 02:22

FIL ENZBUR P. 002/003

13 NOV 19 AM 9: 39

SECOND AND OF STATE

ALL ANASSEE, FLORIDA

H13000255939

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SKYW PAY TYZUCKEING SERVICE LLC

(Musel end with the words "Limited Liability Company, "LLC," or "LLC.")

ARTICLE II ~ Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

HOLLY BODY EL 18907H

Malling Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limbility Company cannot serve as its own Registered Agent. You must designate on individual or another business design with an active Florida registration.)

The name and the Florida street address of the registered agent are:

SERGIO R FERMONDEZ

Name

JUDG MEKINLEY ST

Florida street address (P.O. Box NOT acceptable)

apper 1 1041

Er 3303-4

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 Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

10/01/2031 05:28

Nov 19 2013 02:01PM HP Fax 9549876422

page 3

10/01/2031 02:22

#2898 P.003/003

H13000255939

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing I	Name and Address:
MGR	SERGIO R FERNANDEZ 7426 MCKINLEY ST HOLLYWOOD, FL. 1.33024
•	
(Use attachment if nece	essary)
ARTICLE V: Effective date, if (If an effective date is listed, the to or 90 days after the date of	other than the date of filing: (OPTIONAL) Le date must be specific and cannot be more than five husiness days prifiling.)
REQUIRED SIGNAT	TURE:
Signs	iture of a member or an authorized representative of a member.
constitutes an	e with section 608.408(3). Florida Statutes, the execution of this document affirmation under the pensities of perjury that the facts stated herein are true, at any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.)

Page 2 of 2