

**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.**

(((H14000016927 3)))



H140000169273ABC/

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

**To:**

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

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : I20000000019  
 Phone : (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.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**ONAG TRANSPORT LLC**

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

RECEIVED

14 JAN 22 PM 2:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

RECEIVED  
 TALLAHASSEE, FLORIDA  
 14 JAN 22 PM 2:15

January 22<sup>nd</sup>, 2014

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Onag Transport LLC of Doc #  
L12000046509 are the same owners of the attached articles of  
~~ORGANIZATION~~ We have dissolved the company and have no intention of reopening it. Thank  
you for your help in this matter.

Very Sincerely,

Crystles Gervais

14 JAN 22 AM 9:45  
FALLEN  
FALLEN

12/04/2031 04:26

12/30/2013 14:55

3058221891

MRA

#5491 P.003/004

PAGE 04

H14000016927

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ONAG TRANSPORT LLC

(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:

3180 SOUTH OCEAN DRIVE UNIT 1114

HALLANDALE BEACH FL 33009

SAME AS ABOVE

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:

ORESTER GARCIA

Name

3180 SOUTH OCEAN DRIVE UNIT 1114

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

HALLANDALE BEACH

FL 33009

City

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 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H14000016927

14 JAN 22 14:55  
TALLAHASSEE, FL 32309  
#5491 P.003/004

12/04/2031 04:26

12/30/2013 14:55

3058221891

MRA

#5491 P.004/004

PAGE 05

H14000016027

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

\*AMBR\* = Authorized Member

\*MGR\* = Manager

**Name and Address:**

MGR

ORESTES GARCIA

3180 SOUTH OCEAN DR UNIT 1114

HALLANDALE BEACH FL 33009

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (h), 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.)

ORESTES GARCIA

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)

Page 2 of 2

H14000016027

FILED  
TALLAHASSEE, FLORIDA  
16 JAN 02 PM 6:55