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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CARIBEAN Freight UC
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:
Nadiuska Perez Lemus
Name of Person
· Done 3
Firm/Company
1897 SW FRIE St
Address
PORT Soint Lucie, Florida, 34953 City/State and Zip Code
Cambrangreightle @ gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nadiuska Perez ar (817) 1081-2375
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{Certified Copy}\$\$ (additional copy is enclosed)
Mailing Address Street/Courier Address

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Carebean Freight UC
(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:
1897 SW ERIE St 1897 SW ERIE St Port Soint Live Port Saint Live Horida 34953 Horida 34953
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:
<u>Nadiuska</u> Perez
Name
1897 SW ERIE ST
Florida street address (P.O. Box NOT acceptable)
POET Saint Well 34953.
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company a 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
Merez
Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

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<u> Title:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Madiuska Keeez Lery
AMBR	1297 SW ERIE St
	$\overline{0}$
	PORT Saint Lucie
	FL. 34953.
	70, 29100.
• .	(OPTIONAL)
V: Effective date, if other than the date tive date is listed, the date must be specifically.	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or S
EV: Effective date, if other than the date tive date is listed, the date must be spreading.) EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or S
Cive date is listed, the date must be spriling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  105.0203 (1) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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