

APR/01/2014/TUE 03:21 PM

FAX No.

P. 001

614000053376

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.

((H14000077810 3)))



H140000778103AEC

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 : EXPRESS CORPORATE FILING SERVICE, INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FILED
14 APR - 1 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

14 APR - 1 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.
DONZI TRANSPORT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T. D. Smith APR 1 2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

The undersigned incorporate(s), for the purpose of forming a Florida Limited Liability Company pursuant to Chapter 608, Florida Statutes.

ARTICLE I

NAME

The name of the Limited Liability Company is:

DONZI TRANSPORT LLC

ARTICLE II

ADDRESS

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

12500 SW 188 STREET
MIAMI FL 33177

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S

SIGNATURE

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

ALEXIS CAO
12500 SW 188 STREET
MIAMI FL 33177

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

FILED
14 APR - 1 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

position as registered agent as provided for in Chapter 608, F.S.

By: 
ALEXIS CAO
Registered Agent

ARTICLE IV

Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:


Title

MGRM

Name and Address:

ALEXIS CAO
12500 SW 188 STREET
MIAMI FL 33177

FILED
APR - 1 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


ALEXIS CAO

ARTICLE V

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.

Alexis CAO
Typed or printed name of signee