

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO. E & S TRANSPORT LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E & S TRANSPORT 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:

BILLY KALIL

Name of Person

E & S TRANSPORT LLC

Firm/Company

1451 W. CYPRESS CREEK RD. #300

Address

FT. LAUDERDALE, FL 33309

City/State and Zip Code

keema@americanmausoleums.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILLY KALIL

Name of Person

at (561)

Area Code

288-7095

Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

E & S 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:

1451 W. CYPRESS CREEK RD., #300
FT. LAUDERDALE, FL 33309

Mailing Address:

1451 W. CYPRESS CREEK RD., #300
FT. LAUDERDALE, FL 33309

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:

BILLY KALIL

Name

1451 W. CYPRESS CREEK RD. #300

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

FT. LAUDERDALE

City

FL 33309

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)

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ARTICLE IV.

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

SAMANTHA VALDEZ

1451 W. CYPRESS CREEK RD., #300

FT. LAUDERDALE, FL 33309

MGR

BILLY KALIL

1451 W. CYPRESS CREEK RD., #300

FT. LAUDERDALE, FL 33309

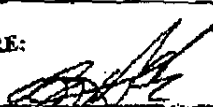
(Use attachment if necessary)

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.

REQUIRED SIGNATURE:



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

BILLY KALIL

Typed or printed name of signee

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