

**L15000090259**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**94929**

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**To:**

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

**From:**

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*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.  
KALIL TRANSPORT LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

**RECEIVED****15 MAY 21 AM 6:37****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****15 MAY 21 AM 10:44****FILED****Electronic Filing Menu****Corporate Filing Menu****Help****MAY 22 2015****W PAINTER**

H/15000123836

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KALIL 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

KALIL TRANSPORT LLC

Firm/Company

1451 W CYPRESS CREEK RD, #300

Address

FT LAUDERDALE, FL 33309

City/State and Zip Code

leema@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

581

Area Code

935-8692

Daytime Telephone Number

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SECRETARY OF STATE  
CALLAHAN/ASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

KALIL 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:

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

SAME

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

GERMAN GONZALEZ

Name

1451 W CYPRESS CREEK RD #300

Florida street address (P.O. Box 301 acceptable)

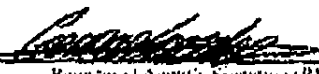
FT LAUDERDALE, FL 33309

City

State

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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TALLAHASSEE, FLORIDA

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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

AMBR/MGR

**Name and Address:**

BILLY KALIL

1451 W CYPRESS CREEK RD #300

FT. LAUDERDALE, FL 33309

AMBR

GERMAN GONZALEZ

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)

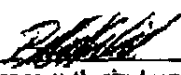
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

50% OWNERSHIP TO EACH MEMBER

**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 signer

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