L15000093942

| (| (Requestor's Name) |
|----------------------|--------------------------|
| | (Address) |
| - (| (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | (Business Entity Name) |
| • | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

| | Registration S Division of Co | | | | | | |
|-------------|----------------------------------|--|------------------|--|-------------|-------------------------------------|----------------|
| SUBJEC | T. | RANSPORT, LLC | | | | | |
| SUBJEC | 1; | Name of L | imited Liabili | y Company | | , | |
| The enclo | sed Articles o | f Organization and fee(s) a | re submitted | for filing. | | | |
| Please ret | urn all corresp | ondence concerning this n | natter to the fo | llowing: | | | |
| | Martha C. | Espinoza | | | | | |
| | | | Name of | Person | | | |
| | | | | | | | |
| | | | Firm/Cor | npany | | | |
| | 321 River | Bluff Ln. | | | | | |
| | | | Addre | SS | | | |
| | Royal Pain | n Beach, FL 33411 | | | <u></u> | | |
| | marthaespir | no@hotmail.com | City/State and | l Zip Code | | | |
| | | E-mail address: (to be use | d for future a | nual report notification | on) | | |
| For further | information co | oncerning this matter, plea | se call: | | | | |
| | Martha C. I | Espinoza 9 at (| 954 | 298-6134 | | | |
| | Nar | ne of Person | Area Code | Daytime Telephone | Number | | |
| Enclosed | is a check for | the following amount: | | | | | |
| \$125.00 H | Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certifie |) Filing Fee & d Copy l copy is enclosed) | Certified C | of Status & 5 | CKETA CKETA |
| | Regis Divis P.O. I | ng Address tration Section ion of Corporations Box 6327 nassee, FL 32314 |]] (| Street Address Registration Section Division of Corporation Clifton Building 2661 Executive Cente Fallahassee, FL 3230 | r Circle | 8 PM 3: 30 RY OF STATE SEE, FLORIDA | Y CREATE |

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| M.VLA TRANSPORT, LLC | ; | | |
|---|--|---|---------------------------------|
| (Must end w | ith the words "Limited | l Liability Company | , "L.L.C.," or "LLC.") |
| RTICLE II - Address: | | | |
| he mailing address and street add | dress of the principal o | ffice of the Limited | Liability Company is: |
| <u>Principal</u> | Office Address: | | Mailing Address: |
| 321 River Bluff Ln. | | | |
| Royal Palm Beach, FL 334 | 111 | | |
| RTICLE III - Registered Agen | ıt, Registered Office, | | |
| RTICLE III - Registered Agen The Limited Liability Company conother business entity with an ac | it, Registered Office, | Registered Agent. | |
| The Limited Liability Company c | at, Registered Office, annot serve as its own tive Florida registration | Registered Agent. Yon.) | |
| The Limited Liability Company conother business entity with an ac | at, Registered Office, annot serve as its own tive Florida registration | Registered Agent. Yon.) | |
| The Limited Liability Company conother business entity with an ac | at, Registered Office, cannot serve as its own tive Florida registration | Registered Agent. Yon.) | |
| The Limited Liability Company conother business entity with an ac | at, Registered Office, cannot serve as its own tive Florida registration | Registered Agent. Yon.) I agent are: | |
| The Limited Liability Company conother business entity with an ac | at, Registered Office, cannot serve as its own tive Florida registration ddress of the registered Martha C. Espinoza | Registered Agent. Yon.) I agent are: Name | You must designate an individua |
| The Limited Liability Company conother business entity with an ac | at, Registered Office, annot serve as its own trive Florida registration ddress of the registered Martha C. Espinoza | Registered Agent. Yon.) I agent are: Name | You must designate an individua |

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

15 MAY 28 PM 3: 30

SECRETARY OF STATE DIVISION OF CORPORATIONS

| | Title: "AMBR" = Authorized M | Name and Address: mber | |
|---------------|---|---|-------------|
| | "MGR" = Manager | | |
| | AMBR | Martha C. Espinoza | |
| | | 321 River Bluff Ln. | |
| | | Royal Palm Beach, FL 33411 | |
| • | AMBR | Mariana Espinoza | |
| | | 200 River Bluff Ln. | |
| | | Royal Palm Beach, FL 33411 | |
| | AMBR | Jorge L. Henriquez | |
| | | 321 River Bluff Ln. | |
| | | Royal Palm Beach, FL 33411 | |
| | | | |
| | | | |
| | | | |
| | (Use attachment if necessar | y) . | • |
| ICL | EV: Effective date, if other | than the date of filing: | (OPTIONAL) |
| | of filing.) f the date inserted in this bl | te must be specific and cannot be more than five business of the does not meet the applicable statutory filing requirements. Department of State's records. | |
| e: If locu | ment's effective date on th | ny. | |

constitutes a third degree felony as provided for in s.817.155, F.S.)

Martha C. Espinoza

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

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

15 MAY 28 PH 3: 30
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