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Special Instructions to	Filing Officer:	
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# **COVER LETTER**

UBJECT:	L & O LOAD SERVICE USA, LLC	VE
e Bolle I	Name of Limited Liability Company	3S G
he enclose	ed Articles of Organization and fee(s) are submitted for filing.	RECEIVED SEP - 9 2015
lease retur	n all correspondence concerning this matter to the following:	9 202
	JOSE N. OJEDA	
	Name of Person	
	Firm/Company	
	4750 N. W. 185TH TERR.	
	Address	
	MIAMI GARDENS, FL 33055	
:	City/State and Zip Code	
<u>)</u>	Senestor 123@yahoo.com  E-mail address: (to be used for future annual report notification)	
r further in	nformation concerning this matter, please call:	
	Irela Castillo 305 761-6413	
•	Name of Person Area Code Daytime Telephone Number	
inclosed is	a check for the following amount:	

# **Mailing Address**

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

# Street Address

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

# JOSE N. OJEDA 4750 N. W. 185<sup>th</sup> Terr.

# Miami Gardens, FL 33055 Email.: josenestor123@yahoo.com

September 7<sup>th</sup>, 2015

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re.: L & O Load Services, LLC

Gentlemen:

Please find enclosed check in the amount of \$125.00 to cover the cost of the filing of the new corporation above mentioned.

Inadvertently, I forgot to enclosed this payment. Please, be sure that the payment is matched up with the corporation papers sent to you on September 4<sup>th</sup>, 2015.

Sincerely

jeda*ويو*Jose N

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

# L & O LOAD SERVICE USA, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

All SEO IN MILES OF THE SECOND OF THE SECOND

# **ARTICLE II - Address:**

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

	Principal Office Address:		Mailing Address:
47	50 N. W. 185th Terr.		
Mi	ami Gardens, Fl 33055		
(The Limited another busin	I - Registered Agent, Registered Office, Liability Company cannot serve as its own ess entity with an active Florida registratio the Florida street address of the registered Jose N. Ojeda	Registered Agent. Yo on.)	
	<del></del>	Name	
	4750 NW 185th Terr		
	Florida street addres	s (P.O. Box NOT acc	eptable)
	Miami Gardens	FL33055	
	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..

. .

tered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: 09/14/2015 (OPTIONAL)  Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 e of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not experiment's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 \$.817.155, F.S.  TOSE  Typed or printled name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title:	Name and Address:
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: 09/14/2015 (OPTIONAL)  iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 e of filing).  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not current's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Tose D. Die D.  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"AMBR" = Authorized Member	
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