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.

(((H15000270756 3)))



HI 50002707583ABC0

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)617-6381

From:

ż

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Fax Number

: (305)675-5944

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:				<u> </u>	
-------	----------	--	--	--	----------	--

## FLORIDA LIMITED LIABILITY CO. TAPA TRUCKING LLC

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$130.00		

NOV 1 3 2015

T SCHROEDER

Corporate Filing Menu

Help

305-556-3448

## H 15000270756

## ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

AR LICLE I - Name: The name of the Limited Liability Company is: (Must end with the words Zimited Liability Company, "L.L.C.," or "(LC.")

Tapa trucking

ARTICLE II - Address: The : nailing address and street address of the principal office of the Limited Liability

Company is:

Wideah - FC 33012

ART CLE III - Registered Agent. Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability)
Company connot serve as its num Registered Agent. You must designate on individual or another business entity with or, octive Florida registration.)

FRANCISCO SOPEZ

ARTICLE IV-

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

Franciseo Jopez (AMBR)

Page 1 of 2

305-556-3448

H15000270756

Required Signatures:

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.

1 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, P.S.

Typed or printed name of signec

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 ramiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

CREASE STATE