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SECULTARY OF STATE
ALLAHASSEE FLORID.

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Auto Transport Worldwick, 11C 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:
Quran R Chambers Name of Person
Auto Transport World Wite, UC.
3828 SW 50H Court Address
Fort lawferdale Fl 333/2- City/State and Zip Code Autotransport Worldwide a gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGAN	NIZATION FOR FLOKID	A LIMITED LIAB	ILLI Y COMPANY			
ARTICLE I - Name: The name of the Limited Liability Comp.	any is:			10	16	
Must end with the	words "Limited Liabilit	y Company, "L.I	.C.," or "LLC.")	\$554ff	MAR -4	2
ARTICLE II - Address: The mailing address and street address of	f the principal office of t	the Limited Liab	ility Company is:	E. FLOR	PH 2:	
Principal Office	e Address:		Mailing Address:	KŞ	-	
3828 SU ST - FOX+ LANDER	oth Court	382°	8 SU 50H (ourt 1 333	12	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot sanother business entity with an active Flo The name and the Florida street address of	serve as its own Register orida registration.)	red Agent. You r		ıl or		
_Q	ucan R. C	hamber	<u> </u>			
Flori	3828 SW E	Sox NOT accept	nble)			
_Fc	city St	e. F(atc	33312 zip			
laving been named as registered agent and lace designated in this certificate, I hereby arther agree to comply with the provisions m familiar with and accept the obligations	y accept the appointment of all statutes relating to	as registered age the proper and c	ent and agree to act in this complete performance of my	capacity. 1 y duties, and		

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
AMBR	Quran R. Chambers # 2 3828 Sw 50th Court St. Fort landersale, FL 33312 3
(Use attachment if necessary)	
E V: Effective date, if other than sective date is listed, the date most filing.) (the date inserted in this block diment's effective date on the Dep	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 day ocs not meet the applicable statutory filing requirements, this date will not be partment of State's records.
E V: Effective date, if other than ective date is listed, the date most filing.) The date inserted in this block diment's effective date on the Dep E VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 da oes not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than sective date is listed, the date most filing.) The date inserted in this block diment's effective date on the Depter EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that	ust be specific and cannot be more than five business days prior to or 90 da oes not meet the applicable statutory filing requirements, this date will not be