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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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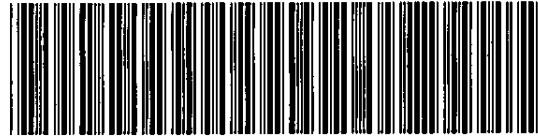
(Business Entity Name)

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Date:

7/26/16

ENTITY NAME:

HIMALA TRANSPORTATION SVC LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

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****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

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Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION

NUMBER OF CERTIFICATES REQUESTED

TOTAL AMOUNT OWED:

\$125.00

CHECK NUMBER:

2724

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

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TALLAHASSEE
FLORIDA
CORPORATE
RECORDS

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

16 JUL 26 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE I: NAME

The name of the Limited Liability Company is:

HIMALA TRANSPORTATION SVC LLC

ARTICLE II: Address

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

**4937 URANUS AVE
NEW PORT RICHEY, FLORIDA 34652**

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

**NOEMI GONZALEZ
4937 URANUS AVE
NEW PORT RICHEY, FLORIDA 34652**

Having been named as registered agent 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.

x 

NOEMI GONZALEZ / Registered Agent's Signature

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HIMALA TRANSPORTATION SVC LLC

ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company.

**AMBR
NOEMI GONZALEZ
4937 URANUS AVE
NEW PORT RICHEY, FLORIDA 34652**

x



NOEMI GONZALEZ

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.)

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