**Electronic Filing Cover Sheet** 

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.

(((H16000198260 3)))



H160001982603ABC0

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:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 : (305)552-5973 Phone 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:

ហ

## FLORIDA LIMITED LIABILITY CO. RDZ FREIGHT LINES LLC

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

Electronic Filing Menu Corporate Filing Menu

H16000198260

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of t	Name: he Limited Lia	bility Comp	any is: M	at end with	the words "I	Limited Liabilit	ty Company	,	
<del>-</del> -	RDZ	FREIG	HT L	INES	\$	LLC			
ARTICLE II The mailing a Company is:	- Address: ddress and str 11392 Miami	5W 6		····	fice of th	e Limited	Liabilit	у	
The name and Company connot	I - Registere d the Florida s serve as its own Re rida registration.)	treet addres	s of the re	gistered	agent a	TE: (The Lim or another b	ited Liabil usiness en	ity tity	
	JESUS.	, RODRI	SUEZ						
	11392	SW		65	ST				
<u></u>	Mian		FL		3317	3	<del></del>		
ARTICLE IN The name and Liability Com	d title of each j	person autho	orized to n	nanage a	and cont	rol the Lir	nited		
	JESUS	ROPRIG	UEZ		IAM	BR)			
	ANTONIO			•		1BR)			
								16 AUS 11 PH 3:	Statements of the statement of the state
							The state of the s		

H16000198260

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. 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.

TESUS RODRÍGUEZ
Typed or printed name of signee

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.

Registered Agent's Signature (REQUIRED)