(Req	uestor's Name)			
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Special Instructions to F	iling Officer:			

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	BARRERA TRANSPORT LLC.		
30000		Limited Liabili	ty Company
The enc	losed Articles of Organization and fee(s	are submitted	for filing.
Please r	eturn all correspondence concerning this	s matter to the fo	ollowing:
	JANET STAUB		
		Name of	Person
	ALL ABOVE TAX SERVICE		
		Firm/Cor	npany
	899 E OAK STREET		
	· · · · · · · · · · · · · · · · · · ·	Addre	ess
	ARCADIA FLORIDA 34266		
	STAUB.JHTAX@GMAIL.COM	City/State and	I Zip Code
	E-mail address: (to be u	ised for future a	nnual report notification)
For furthe	er information concerning this matter, pl	ease call:	
	JANET STAUB	239	8984282
	Name of Person	`——	Daytime Telephone Number
Enclose	d is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	0 Filing Fee & \$160.00 Filing Fee, cd Copy Certificate of Status & Certified Copy (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

ARTICLE I - Name:				
The name of the Limited Liability	Company is:			
BARRERA TRANSP	ORT LLC.			
(Must end w	ith the words "Limited	d Liability Company, "I	L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principal o	office of the Limited Li	ability Company is:	
-	, ,			
<u>Principa</u>	l Office Address:		Mailing Address:	
307 BARCELONA S	Т	899 E (DAK STREET	
PUNTA GORDA FLO	ORIDA 34266	ARCA	DIA FLORIDA 34266	
ARTICLE III - Registered Ager	nt, Registered Office,	& Registered Agent's	s Signature:	
(The Limited Liability Company	cannot serve as its own	Registered Agent. Yo	u must designate an individ	
another business entity with an ac	ctive Florida registration	on.)		2016 OCT
The name and the Florida street a	ddress of the registere	d agent are:		
	Ū	G		The Column Colum
	JANET STAUB	N	 	- 5 2
		Name		क्रिन स्टाब्ह न् य
	899 E OAK STREE	T		E
Florida street address (P.O. Box NOT acceptable)		eptable)	PH 12:44	
	ARCADIA	FLORIDA	34266	-
	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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager MGR	
WOK	REYNALDO BARRERA
	307 BARCELONA STREET
	PUNTA GORDA FLORIDA 33983
	-
	2
	2816 OCT
	23 Z
	Fig. 1
	24 PH 2: 44
(Use attachment if necessary)	
ffective date is listed, the date must be specif e of filing.) If the date inserted in this block does not meet	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days t the applicable statutory filing requirements, this date will not be lis
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Page 2 of 2

Date of this notice: 10-19-2016

Employer Identification Number:

81-4172684

Form: SS-4

Number of this notice: CP 575 B

BARREA TRANSPORT LLC REYNALDO BARRERA SOLE MBR 307 BARCELONA ST PUNTA GORDA, FL 33983

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-4172684. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Your Form 2290 becomes due the month after your vehicle is put into use.

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is BARR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your	Telephone Number	Best Time to Call	DATE OF THIS NOTICE:	10-19-2016	
() –		EMPLOYER IDENTIFICATI	ON NUMBER:	81-417268
			FORM: SS-4	NOBOD	

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

BARREA TRANSPORT LLC
REYNALDO BARRERA SOLE MBR
307 BARCELONA ST
PUNTA GORDA, FL 33983