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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
KCF TRANSPORTATION, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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DEC 06 2016

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

KCF TRANSPORTATION, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

KCF TRANSPORTATION, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**1200 PANAMA AVE.
CLEWISTON, FL 33440**

The mailing address shall be:

**1200 PANAMA AVE.
CLEWISTON, FL 33440**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

FERNANDO HERRERA

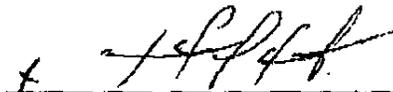
1200 PANAMA AVE.

Florida street address (P.O.BOX NOT acceptable)
CLEWISTON, FL 33440
City, State, and Zip

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**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

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

ARTICLE IV- MANAGEMENT

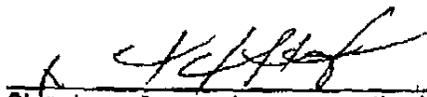
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

FERNANDO HERRERA
1200 PANAMA AVE.
CLEWISTON, FL 33440

MANAGER

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(An additional article must be added if an effective date is requested)


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.)

FERNANDO HERRERA
Typed or printed name of signee

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300