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**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**FLORIDA LIMITED LIABILITY CO.  
ABE TRANSPORTATION SERVICES LLC**

Certificate of Status	1
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**2ND REQUEST**

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February 14, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: ABE TRANSPORTATION SERVICES LLC  
REF: W17000012757

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Matthew T Moon  
Regulatory Specialist II  
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FAX Aud. #: H17000041943  
Letter Number: S17A00002876

3RD REQUEST  
PLEASE FILE!

H170000041943

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, LLC" or "LLC")

ABE TRANSPORTATION SERVICES LLC

**ARTICLE II - Address:**

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

15564 SW 10<sup>th</sup> ST

MIAMI FL 33194

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

MANUEL VEGA

15564 SW 10<sup>th</sup> ST

MIAMI FL 33194

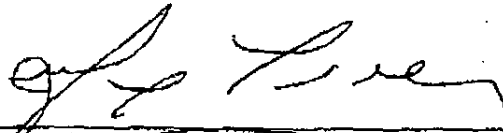
**ARTICLE IV-**

The name and title of each person authorized to manage and control the Limited Liability Company:

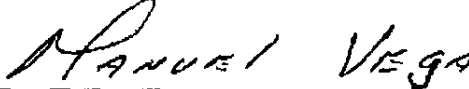
MANUEL VEGA (AMBR)

JUAN CARLOS VEGA CHAGON (AMBR)

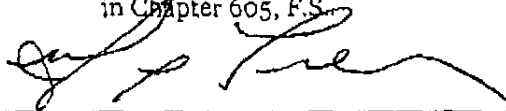
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**Required Signatures:****Signature of a member of an authorized representative of a member.**

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.

**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)**DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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