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SECRETARY OF STATE

APR 1 0 2017 K. Brumbley

## COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	DBR Xpress Transportation Services, LLC
3011,12	Name of Limited Liability Company
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please 1	eturn all correspondence concerning this matter to the following:
	Dasmiel Bonet
	Name of Person
	DBR Xpress Transportation Services, LLC
	Firm/Company
	3820 East 10 AVE
	Address
	Hialeah FL 33013
	City/State and Zip Code
	DBRXpress@gmail.com  E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Dasmiel Bonet 786 417-2034
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee  S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
DI	3R Xpress Transportat	tion Services,	LLC	
(Must conta	in the words "Limited	Liability Com	ipany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the L	imited Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Ad	<u>ldress</u> :
3820 East 10 AVE Hialeah FL 33013			3820 East 10 AVE Hialeah FL 33013	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ad-	cannot serve as its owr ctive Florida registration	n Registered A on.)		individual or
	_	asmiel Bonet		
		Name		
	387	20 E 10 Ave		
	Florida street addres		NOT acceptable)	
	Hialeah	FL	33013	
	City	State	Zip	
Having been named as registered ag place designated in this certificate, i further agree to comply with the pro am familiar with and accept the obl	hereby accept the app visions of all statutes r igations of my position	pointment as respectively as registered.	egistered agent and agree to a proper and complete perform	ect in this capacity. I ance of my duties, and I
		(CONTIN	UED)	

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DEURETARY OF STATE
ALLI AHASSEE, FLORIDA

"AMBR" = Authorized Me	Name and Address:
"MGR" = Manager	0.110
MGR	Dasmiel Bonet
	3820 East 10 AVE
	Hialeah FL 33013
	<del></del>
<del></del>	
/II.a. attach :6	_ \d
(Use attachment if necessar	ሃ)
LEV: Effective date, if other	than the date of filing: 04/01/2017 (OPTIONAL)
ffective date is listed, the date of filing.) If the date inserted in this blo	te must be specific and cannot be more than five business days prior to or 90 days ock does not meet the applicable statutory filing requirements, this date will not be li
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effective date is listed, the date of filing.)  If the date inserted in this blocument's effective date on the CLE VI: Other provisions, if an REQUIRED SIGNATUR  Signature I am aware	the must be specific and cannot be more than five business days prior to or 90 days ock does not meet the applicable statutory filing requirements, this date will not be be Department of State's records.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member or an authorized representative of a member.  The ature of a member of a member or an authorized representative of a member.  The ature of a member of a member of a member or an authorized representative of a member of a member of a member.  The ature of

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-