

4/11/2017

Division of Corporations

**L17000081909**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
 Account Number : I20060000145  
 Phone : (305)769-4936  
 Fax Number : (305)769-1844

**\*\*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.  
 D.A. TRUCKING SERVICES,LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

17 APR 11 PM 4:06

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 INFORMATION SERVICES

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

17 APR 11 PM 4:39

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APR 12 2017

K. Brumbley

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

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**D.A. TRUCKING SERVICES, LLC.**

**ARTICLE II- Address:**


The mailing address and street address of the principal office of the Limited Liability Company is: **7495 W 31 AVE, HIALEAH, FL 33018**

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**DANIEL VILLA  
7495 W 31 AVE  
HIALEAH, FL 33018**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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

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**ALLAHASSEE, FLORIDA**

**ARTICLE IV:**


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

**Title:**

**Name and Address:**

**AMBR**

**DANIEL VILLA  
7495 W 31 AVE  
HIALEAH, FL 33018**

  
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Signature of 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.)

**DANIEL VILLA**

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Typed or printed name of signee.