4/9/2018

Division of Corporations

Florida Foal Consultate Dission of Consultate Electric File Action by Note: Please print this page and use it as a cover sheet, type the fax audit number

(((H18000111111 3)))

(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 Phone : (305)805-3515 Fax Number : (305)887-5844

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

Email Address: Carol Y Tata @ Vahoo. ES.

FLORIDA LIMITED LIABILITY CO. NAUTILUS TRUCKING LLC

RECEIVED

18 APR -9 AM 11: 56

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Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

ETARY OF STATE HASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	NAUTILUS TRUCKING LLC	
SUBJEC		ted Liability Company
The enclo	sed Articles of Organization and fee(s) are	submitted for filing.
Please rett	urn all correspondence concerning this mat	ter to the following:
	HUMBERTO LAZA GONZALEZ	•
		Name of Person
	NAUTILUS TRUCKING LLC	
		Finn/Company
	13009 SW 17TH ST	
		Address
	MIAMI,FL. 33175	
	CAROLYTATA@YAHOO.ES	y/State and Zip Code
	E-mail address: (to be used f	or future annual report notification)
For further	information concerning this matter, please	call:
	HUMBERTO LAZA GONZALE 786	
		a Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) S155.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, 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 Liabi	lity Company is:		
NAUTILUS TRUC	KING LLC		
(Must cor	itain the words "Limited	d Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the principal	office of the L	imited Liability Company is:
_		21111	imited Elaimity Company is.
<u>Princi</u>	pal Office Address:		Mailing Address:
13009 SW 17TH ST			13009 SW 17TH ST
MIAMI, FL. 33175			MIAMI,FL. 33175
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an	y connot serve as its ow	n Registered A	gent. You must designate an individual or
The name and the Florida street	address of the registere	d agent are:	•
	HUMBERTO LAZA	A GONZALEZ	,
		Name	
	13009 SW 17TH ST		
	Florida street addre	ss (P.O. Box N	OT acceptable)
	MIAMI, FL. 33175		
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	HILMPEDTO LAZA COMZALICZ
MGR	HUMBERTO LAZA GONZALEZ
	13009 SW 17TH ST MIAMI,FL. 33175
	MIRANI, L. 33113
	
 _	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the listed, the date must he date of filing.)	the date of filing: 04-09-2018 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does	
Note: If the date inserted in this block does the document's effective date on the Depar	
Note: If the date inserted in this block does the document's effective date on the Depart ARTICLE VI: Other provisions, if any.	
Note: If the date inserted in this block does the document's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE:	tment of State's records.
Note: If the date inserted in this block does the document's effective date on the Department ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature o	f a member or an authorized representative of a member.
Note: If the date inserted in this block does the document's effective date on the Department of the D	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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Filing Fees:

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