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COVER LETTER

New Filing Section

TO:

Division of	Corporations		
Kouni Exporta	Wendkouni Tr Name of Lin	rucking mited Liability Company	
		, ,	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
	Wendkou	n Kinoungeu Name of Person	
-		Name of Person	
	3100 Dian	Rd Apt 304	
	Tallata Wendkounim	Scre, FL 32,304 City/State and Zip Code Inounapu Byalloo	. Com
•	E-mail address: (to be use	d for future africal report notification	on) · ·
For further informatio	n concerning this matter, pleas	se call:	
Wend	Kouri Hinour Joint (+1) <u> </u>	7943 Number
Enclosed is a check	for the following amount:	•	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ne Di P.	ailing Address ew Filing Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Kouri, Export & Wendkouni Trucking, LLC
(Must contain the words "Limited Liability Company" L.L.C.." or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3100 Nino Dd Wat 3016	\rightarrow
3100 Dian Rd Hat 304 Talla Hassey FL 32304	

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

(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.)

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

WendKoun	i Hinou	1904		
Na	me	9		
3100 Dian Rd	Apl 3:4			
3 (00 bins Rd Rpl 3:4 Florida street address (P.O. Box NOT acceptable)				
Tallatlassed	· FL	32304		
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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REQUIRED SIGNATURE:

ARTICLE IV-

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

Wendkown Hinoungou
Typed or printed name of signee

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)

SECRETARY OF STATE

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