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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 : THREE K FAST CARRIER SERVICES INC
Account Number : I20180000033
Phone : (305)805-3516
Fax Number : (305)887-5844

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TALLAHASSEE, FLORIDA

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Email Address: Delecsis.Tamarit@yphoo.com

RECEIVED
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
FUERTES TAMARIT TRANSPORT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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Corporate Filing Menu

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APR 11 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FUERTES TAMARIT TRANSPORT LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSMANY FUERTE

Name of Person

FUERTES TAMARIT TRANSPORT LLC

Firm/Company

28712 SW 147TH CT

Address

HOMESTEAD, FL 33033

City/State and Zip Code

DELECSIS.TAMARIT@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSMANY FUERTES

305

910-1095

at ()

Name of Person

Area Code

Daytime Telephone 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)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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 Liability Company is:

FUERTES TAMARIT TRANSPORT 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:**

28712 SW 147TH CT
HOMESTEAD, FL 33033

28712 SW 147TH CT
HOMESTEAD, FL 33033

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:

OSMANY FUERTES

Name

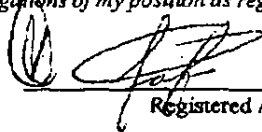
28712 SW 147TH CT

Florida street address (P.O. Box **NOT** acceptable)

<u>HOMESTEAD</u>	<u>FL</u>	<u>33033</u>
City	State	Zip

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 18 APR 10 PM 12:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**
OSMANY FUERTE
28712 SW 147TH CT
HOMESTEAD, FL 33033
AMBR
DELECSIS TAMARIT
28712 SW 147TH CT
HOMESTEAD, FL 33033

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-10-18

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:


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

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

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.

OSMANY FUERTE

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA