(Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
 (Bı	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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$\bigcirc OVER\ LETTER$

TO: New Filing Section Division of Corporations		
SUBJECT: FAST TRANSPORTATION LOS Name of Limited Liability Company	istics LC	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Vurio A finillos S Name of Person	50~7162	
SII SAEENBAY FUE, BAA	FL, 33510	
Address		
City/State and Zip Code		
1. UNIOT finillo 15 @ 5 14 A. L. COPT 12-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person Area Code Daytime Tele	rphone Number	
Enclosed is a check for the following amount:	_	
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	Sed) Section of Status & 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 Buildin 2661 Executive	porations g	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

(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:
SIL SAFENGAY AVE.	SAME
MANDON, FL, 133510	
	<u></u>

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:

Name

SII SREENBAY AVE

Florida street address (V.O. Box NOT acceptable)

BLANDON FL 37510

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)

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any,

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.

YUNIOR PINIOS CONZAIEZ
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)

SURETARY OF STATE