

L18000136920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

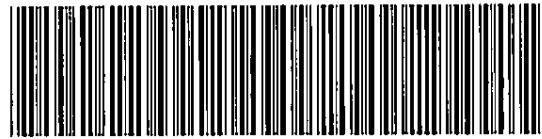
(Business Entity Name)

(Document Number)

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1. DL Express Transport LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

DL EXPRESS TRANSPORT LLC

ARTICLE II.

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

3300 NE 192ND ST APT. 1014

AVENTURA FL 33180

The mailing address of the Limited Liability Company is:

3300 NE 192ND ST APT.1014

AVENTURA FL 33180

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV.

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

LOZINSCHI, DORIN

3300 NE 192ND ST APT. 1014

AVENTURA FL 33180

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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.

Dorin

Registered Agent's Signature

5/29/2018

Date:

ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title: MGRM

LOZINSCHI, DORIN

3300 NE 192ND ST APT. 1014

AVENTURA FL 33180

Dorin

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