## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000211768 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. UNITED STATES TRANSPORT, LLC

Certificate of Status	Û
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ity Company is:			
	TRANSPORT, LLC	1 (-11) (-7)	ULL C. Z MILC.W	<del></del> ·
(Must con	tain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	iddress of the principal o	office of the Limited	Liability Company is:	
Princip	al Office Address:		Malling Address:	
3411 GOLDEN GA NAPLES, FL 3412		<del></del>	<del></del>	
11AFLES, FE 3412	<u> </u>	<del></del>		
another business entity with an The name and the Florida street	active Florida registration address of the registered EMELY S. RIVERA	on.) d agent are: A Name	You must designate an inclyidual or	
	3411 GOLDEN GA			
	Florida street addres	3 (P.O. Box <u>NO1</u> a	жертавие)	•
	NAPLES	FL	34120	
	'City	State	Zip	
lace designated in this certificate, arther agree to comply with the pi	I hereby accept the approvisions of all statutes no digastions of my position	ointment as register elating to the proper	above stated limited liability compared agent and agree to act in this cape and complete performance of my duas provided for in Chapter 605, F.S	acity, 1 ties, and I

(CONTINUED)

NAPLES, FL 34120	GR" = Manager IBR EMELY S. RIVERA 3411 GOLDEN GATE
MGR" = Manager  MBR  EMELY S. RIVERA  3411 GOLDEN GATE  NAPLES, FL 34120	GR" = Manager IBR EMELY S. RIVERA 3411 GOLDEN GATE
MBR EMELY S. RIVENS 3411 GOLDEN GATE	IBR EMELT S. RIVERA  3411 GOLDEN GATE
NAPLES, FL 34120	NAPLES, FL 34120
	NATES, 12 34 120
Ice attachment if recessary)	
Ice attackment if recessary)	
Ice attackment if recessary)	
Ice attackment if necessary)	
Ice attackment if recessary)	
les attackment if necessary)	
filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will the date inserted in this block does not meet the applicable statutory filing requirements, this date will then the date on the Department of State's records.	date inserted in this block does not meet the applicable statutory filing requirements, this date will no
VI: Other provisions, π any.	EAN M
REQUIRED SIGNATURE: CALL May	Signature of a member or an authorized representative of a member.
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605,0203 (1) (b), Florida Statut	This document is executed in accordance with section 605.0203 (1) (b), Florida Statute:  Large pure that any false information submitted in a document to the Department of Stat
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of Statut Constitutes a third degree felony as provided for in 5.817.155, F.S.	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 5.817.155, F.S.  EMELY S. RIVERA
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I arn aware that any false information submitted in a document to the Department of Statut Constitutes a third degree felony as provided for in 5.817.155, F.S.	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 5.817.155, F.S.  EMELY S. RIVERA  Typed or printed name of signor