## Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. AMERICANA TRUCKING SOLUTIONS LLC

Certificate of Status	1
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Page Count	03
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LAZARUS CORPORATE

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September 12, 2018

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE INC

SUBJECT: AMERICANA TRUCKING SOLUTIONS LLC

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REF: W18000081355

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico Regulatory Specialist II New Filing Section

FAX Aud. #: H18000265045 Letter Number: 918A00018909

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
AMERICANA TRUCKING SOLUTIONS LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
17000 NORTH BAY RD # 1109 33160
Sunny Isles Beach FL 33160
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)
NEFT PATRICIO CONTANTESE
17000 NORTH BAY RD # 1109
Sunny Isles Beach FL 33160
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
NEFT PATRICIO CONTARTESE AMBR
DIEGO MARTIN FIRSTAS AHOR
,

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

NST Pathico Coulagists

Typed or printed name of signee

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 Chaptel 605, P.S.

Registered Agent's Signature (REQUIRED)