

L18000265726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

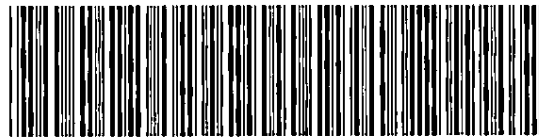
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

NOV 10 2018



600321055086

RECEIVED
18 NOV 16 PM 3:28

FILED
18 NOV 16 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/16/18

NAME: MKF TRANSPORT LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

FILED
18 NOV 16 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

AbbieHodge

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

MKF TRANSPORT LLC

ARTICLE II ADDRESS

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

1723 WIND HARBOR ROAD

BELLE ISLE, FLORIDA 32809

ARTICLE III REGISTERED AGENT

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

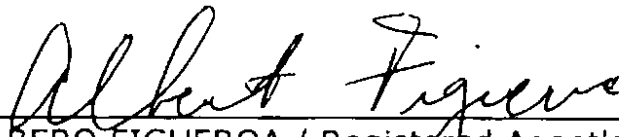
ALBERO FIGUEROA

1723 WIND HARBOR ROAD

BELLE ISLE, FLORIDA 32809

FILED
18 NOV 16 AM 9:19
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.

x 

ALBERO FIGUEROA / Registered Agent's signature

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

ALBERO FIGUEROA

1723 WIND HARBOR ROAD

BELLE ISLE, FLORIDA 32809

.....

x Albert Figueroa
ALBERO FIGUEROA / Authorized Representative's signature

(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.)

FILED
18 NOV 16 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA