

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
TRANSP MORAZAN LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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JAN 15 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

TRANSP MORAZAN LLC

(Must end with 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

**20040 NW 63 AVE
HIALEAH, FL. 33015**

**20040 NW 63 AVE
HIALEAH, FL. 33015**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:**

(The Limited Liability Company cannot serve as it own Registered Agent. You must designate and Individual or another business entity with an active Florida registration)

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

RICARDO J MARENCO

Name

1550 SW 1 STREET SUTTE 13

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

MIAMI, FL. 33135

City, State, and 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 certificated, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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

Registered Agent's Signature (Required)

ARTICLE IV – Manager(s) or Managing Member(s):

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

Title: Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR **MARGINE N. MORAZAN**
20040 NW 63 AVE
HIALEAH, FL. 33015

MGRM **HEYZZEL MORAZAN**
20040 NW 63 AVE
HIALEAH, FL. 33015

(Use attachment if necessary)

**ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILLING:
01/12/2019, (OPTIONAL) (IF AN EFFECTIVE DATE IS LISTED, THE DATE
MUST BE SPECIFIC AND CANNOT BE MORE THAN FIVE BUSINESS DAYS
PRIOR TO OR 90 DAYS AFTER THE DATE OF FILLING.)**

REQUIRED SIGNATURE:

X

SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

(in accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARGINE N. MORAZAN

Typed or printed name of signer