Division of Corporations **Electronic Filing Cover Sheet**

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000800019 Phone : (305)552-5973 Fax Number ; (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: =C RICO FLORIDA LIMITED LIABILITY CO. FEB 2 0 2019 YAM TRANSPORT LLC Certificate of Status 16 A Certified Copy 0

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ARTICLES OF ORGANIZATION *** FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
YAM TRANSPORT LLC	٠. ٠	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
7621 sw 147 CT MIAMI FL 33193	· .·	
	. ,	
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.) Torney Acostra Hespana TO 2. Sw 147 CT Minmi FL 33193	19 FÉB 20 PM 3 44	SECKETARY OF STATE
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	### T	
YDANSY ACOSTA MESANA (AMBR)	· .	

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.

YOANSY ACOSTA MESANA

Typed or printed name of signer

Having been named as registered agent and to accept service of process for the above stated limited hability 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..

istered Agent's Signature (REQUIRED)