Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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.

Centurion Deliveries LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Help

To: 18506176381 From 12143052508 Date: 07/12/19 Time: 3:51 PM Page: 02/03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	$\mathbf{C}\mathbf{I}$.E.	l -	Nε	me:
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The name of the Limited Liability Company is:

Centurion Deliveries LLC (Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
(Mist contain the words Dimited Dimot	my company, billien of file.
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14968 Cascada Boulevard	14968 Cascada Boulevard
Miami, FL 33186	Miami, FL 33186
RTICLE III - Registered Agent, Registered Office, & Re The Limited Liability Company cannot serve as its own Regi	
nother business entity with an active Florida registration.)	- 1.
he name and the Florida street address of the registered ager	nt are:
Claudio Valentino	
Ciaudio vaientino	27.5

 14968 Cascada Boulevard

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

 Miami
 FL
 33186

 City
 State
 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 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Author	animal Marahar	Name and Address:	
"MGR" = Manag	-		
AMBR		Claudio Valentino	
7.33.112.15		14968 Cascada Boulevard	
		Miami, FL 33186	
			
			<u> </u>
(Use attachment i	(Enecessary)		
(Ose adaemient)	Tricces.city)		
LEV: Effective da	ite, if other than the date of filing:	(OPTIO)	NALY
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