

L19000181699

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000223911 3)))



H190002239113ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

****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.
D1 TRANSPORTATION, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

J DENNIS

JUL 26 2019

H.19000223911.3

JUL 25 2019 19

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

D1 TRANSPORTATION, LLC

ARTICLE II ADDRESS

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

13235 SW 264TH STREET

HOMESTEAD, FLORIDA 33032

ARTICLE III REGISTERED AGENT

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

DARRELL SHEPPARD

13235 SW 264TH STREET

HOMESTEAD, FLORIDA 33032

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 /s/ Darrell Sheppard

DARRELL SHEPPARD / Registered Agent's signature

H.19000223911.3

PAGE 2 D1 TRANSPORTATION, LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
DARRELL SHEPPARD
13235 SW 264TH STREET
HOMESTEAD, FLORIDA 33032

19 JUL 25 PM 1:19
ST. JAMES

.....

X /s/ Darrell Sheppard
DARRELL SHEPPARD / 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.)