

L19000213477

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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19 AUG 27 PM 2:43
 FLORIDA SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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

From:
 Account Name : THREE K FAST CARRIER SERVICES INC
 Account Number : I20180000033
 Phone : (305)805-3516
 Fax Number : (305)887-5844

C RICO

AUG 27 2019

**Enter the email address for this business entity to be used for future
 annual report mailings. Enter only one email address please.**

Email Address: SadieL5281@Gmail.com

**FLORIDA LIMITED LIABILITY CO.
 S.A.G.M. TRUCKING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: S.A.G.M. TRUCKING LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Last Name
SADIEL A GARCIA MARTINEZ

Name of Person

S.A.G.M. TRUCKING LLC

Firm/Company

25955 SW 143RD CT APT 1222

Address

HOMESTEAD, FL 33032

City/State and Zip Code

SADIEL5281@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SADIEL A GARCIA MARTINEZ 786 at (269-9913
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(H19000258 0263

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S.A.G.M. Trucking LLC

(Must contain 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:25955 SW 143rd Ct #1222
Hialeah, FL 33032Mailing Address:25955 SW 143rd Ct #1222
Hialeah, FL 33032

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

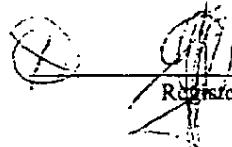
The name and the Florida street address of the registered agent are:

Sadiel A. Garcia Martinez
25955 SW 143rd Ct #1222
 Name _____
Hialeah, FL 33032
 Florida street address (P.O. Box NOT acceptable)
 City _____ State _____ Zip _____

FLORIDA DIVISION OF STATE CORPORATION

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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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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**

Sadiel A. Garcia Martinez
25455 SW 143rd Ct #1222
Homestead, FL 33032

(Use attachment if necessary)

8/27/19

(OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: 8/27/19. (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 filing.)**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Sadiel A. Garcia Martinez

Typed or printed name of signee

Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**