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.

Electronic Filing Cover Sheet

(((H19000334953 3)))



H190003349533ABC4

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 : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033

Phone

: (305)805-3516

Fax Number

: (305)887-5844

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\*

## FLORIDA LIMITED LIABILITY CO. 311 HAVANA LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

N CHILL

	H19000334953
	COVERLETTER (111/000 JOY9) 3
TO:	New Filing Section Division of Corporations
SUBJE	31) HAVANA LLC
	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filling.
Please	return all correspondence concerning this matter to the following:
	IMER L. NUNEZ
	Name of Person
	311 HAVANA LLC
	Firm/Company
	21283 SW 124th PL
	Address
	MIAMI, FL 33177
	City/State and Zip Code
	IMERYODALYS@YAHOO.COM  E-mail address: (to be used for future annual report notification)
For first	er information concerning this matter, please call:
I Of Idit	er information concerning titls matter, prease cate.
	IMER L NUNEZ 786 546-6478
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.0	O Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327

Street Address New Filing Section Division of Corporations Clifton Building



ARTICIESUFC	ARGANIZATION FOR	FLORIDA LIMITE	DEJABILITY COMPANY	
ARTICLE I - Name:				
The name of the Limited Liability	Company is:			
	311 HAV	ANA LLC	1	
(Must contai	n the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:				
The mailing address and street add	lress of the principal o	::: of the Limite	ed Liability Company is:	
Principa)	Office Address:		Mailing Address:	
21283 SW 124T			21283 SW 124TH PL	
MIAMI, FL 331	<i>7</i> 7		MJAMJ, FL 33177	<del></del>
	•			
ARTICLE III - Registered Agen	t. Registered Office.	& Revistered As	ent's Signature:	10 2
	annot serve as its own	Registered Agen	ent's Signature: You must designate an individual or	SEC
	annot serve as its own	Registered Agen		SECRE TALL
(The Limited Liability Company of	annot serve as its own tive Florida registration	n Registered Agen on.)		SECRETA TALLA
(The Limited Liability Company of another business entity with an ac	annot serve as its own tive Florida registration Idress of the registered	n Registered Agenton.) d agent are: L. NUNEZ		SECRETARY TALLAHAS
(The Limited Liability Company of another business entity with an ac	annot serve as its own tive Florida registration Idress of the registered	i Registered Agen on.) d agent are:		SECRETARY OF TALLAHASSI
(The Limited Liability Company of another business entity with an ac	annot serve as its own tive Florida registration diress of the registered IMER 21283 S	n Registered Agenton.)  d agent are:  L. NUNEZ  Name  W 124TH PL	. You must designate an individual or	SECRETARY OF STALLAHASSEE,
(The Limited Liability Company of another business entity with an ac	annot serve as its own tive Florida registratic Idress of the registered IMER	n Registered Agenton.)  d agent are:  L. NUNEZ  Name  W 124TH PL	. You must designate an individual or	SECRETARY OF STA
(The Limited Liability Company of another business entity with an ac	annot serve as its own tive Florida registration diress of the registered IMER 21283 S	n Registered Agenton.)  d agent are:  L. NUNEZ  Name  W 124TH PL	. You must designate an individual or	SECRETARY OF STATE TALLAHASSEE, FL

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)

(H1900<u>03349</u>533)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	IMER L. NUNEZ
741(316	21283 SW 124TH PL
	MIAML FL 33177
<u> </u>	
	<del></del>
	•
·	
(Use attackment if necessary)	
,	
TICLE V: Effective date, if other than the date	e of filing:
n effective date is listed, the date must be sp	e of filing: 11-14-2019 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days :
n effective date is listed, the date must be splate of filing.)	pecific and cannot be more than live business days prior to or 90 days a
<ul> <li>effective date is listed, the date must be sidate of filing.)</li> <li>If the date inserted in this block does not</li> </ul>	pecific and cannot be more than live business days prior to or 90 days; meet the applicable statutory filing requirements, this date will not be list
<ul> <li>effective date is listed, the date must be splate of filing.)</li> <li>If the date inserted in this block does not</li> </ul>	pecific and cannot be more than live business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Continue Control Cont

IMER L. NUNEZ
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) SECRETARY OF STATE