Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-5381

From:

Account Name : PEDRO LUZQUINOS Account Number : I20170000042 : (954)655-8413 Fax Number : (954)432-8807

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

Enail Address: PLU ZOUINOJ FC HOTMAIL

FLORIDA LIMITED LIABILITY CO. AZUAJEGAR TRUCKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Listimated Charge	\$125.00

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Corporate Filing Menu

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COVER LETTER

TO;	New Filing Section Division of Corporations		
SUBJEC	AZUAJEGAR TRUCKING LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Limited Liabil	ity Company
The enci	osed Articles of Organization and fee(s)	are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the f	following:
	FRANCIS Y, AZUAJE		
		Name of	Person
		Firm/Co	mpany
	3436 WEST 86TH TER		
		∧ddre	258
	HIALEAII, FL 33018		
	PLUZQUINOSF@HOTMAIL.COM	City/State and	Zip Code
	E-mail address: (to be use	ed for future a	nnual report notification)
For lurther	information concerning this matter, plea	ase call:	
	PEDRO LUZQUINOS	954	655-8413
	· · · · · · · · · · · · · · · · · · ·	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00 F	Siling Fee \$130.00 Filing Fee & Certificate of Status	∟ —Certific	Filing Fee & S160.00 Filing Fee, d Copy Certificate of Status & Copy is enclosed) Certified Copy (additional copy is enclosed
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314) [C 2	itreet Address iew Filing Section Division of Corporations Tilion Building 661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	TRUCKING LLC			
(Mus	t contain the words "Limite	d Liability Company,	"L.L.C.," or "L.LC.")	
ARTICLE II - Address:				
The mailing address and st	reet address of the principal	office of the Limited	Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
3436 WEST 86		3430	6 WEST 86TH TER	
HIALEAH, FI	. 33018		LEAH, FL 33018	
				-
RTICLE III - Registere	d Agent, Registered Office	, & Registered Agei	it's Signature:	
the Limited Liability Con	d Agent, Registered Office apany cannot serve as its ow h an active Florida registrat	on Registered Agent	nt's Signature: You must designate an individual or	
ne Limited Liability Connother business entity wit	npany cannot serve as its ow h an active Florida registrat	m Registered Agent. ion.)	at's Signature: You must designate an individual or	
ne Limited Liability Con other business entity wit	apany cannot serve as its ov	m Registered Agent. ion.)	nt's Signature: You must designate an individual or	_
ne Limited Liability Connother business entity wit	npany cannot serve as its ow h an active Florida registrat	vn Registered Agent. ion.) ed agent are:	nt's Signature: You must designate an individual or	2019 850 7A11
ne Limited Liability Con other business entity wit	apany cannot serve as its own han active Florida registration trees address of the register.	vn Registered Agent. ion.) ed agent are:	at's Signature: You must designate an individual or	2019 850 7A11
ne Limited Liability Connother business entity wit	pany cannot serve as its own han active Florida registrate treet address of the register FRANCIS Y, AZU	vn Registered Agent. ion.) ed agent are: AJE Name	nt's Signature: You must designate an individual or	2019 850 7A11
nother business entity wit	pany cannot serve as its own han active Florida registrate treet address of the registern FRANCIS Y, AZU 3436 WEST 86TH	m Registered Agent. ion.) ed agent are: AJE Name TER	You must designate an individual or	2019 NOV 20 SECRETARY TALLAHASSE
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nother business entity wit	pany cannot serve as its own han active Florida registrate treet address of the registern FRANCIS Y, AZU 3436 WEST 86TH	m Registered Agent. ion.) ed agent are: AJE Name TER	You must designate an individual or	2019 NOV 20 P SECRETARY OF TALLAHASSEE.

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.

(CONTINUED)

A.	R	П	CI	F	IV.

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

Tial	to an analysis and solution the frintied traphing Company:	
Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	RAVARDO A CARCIA	
	BAYARDO A, GARCIA 3436 WEST 86TH TER	
	HIALEAH, FL 33018	
	22.0010	
AMBR	FRANCIS Y, AZUAJE	
	3436 WEST 86TH TER	
	HIALEAH, FL 33018	
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(Use attachment if necessary)	<u> </u>	
AUTICI P.V. Effective less tout a la communication	7	
ARTICLE V: Effective date, if other than the date of filing:	(OPTIONAL)	
the date of filing.)	cannot be more than five business days prior to or 90 days	#fter
the document's effective date on the Department of State's	pplicable statutory filing requirements, this date will not be lis	ted 8
	s records,	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
. 0 1		
_ Francis Hangle		
Signature of a member or	an authorized representative of a member.	
Aug document is executed in acco	OFGRANCE WITH SACTION 605 0203 (1) (b) Figure 4 Comments	
I am aware mar any raise informati	IOD SUDMITTED IN A COCUMENT to the Transmission of Co	
constitutes a third degree felony as	provided for in s.817.155, F.S.	

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)