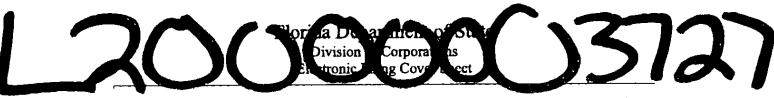
To: 18506176381 From: 14693173436 Date: 01/06/20 Time: 11:22 AM Page: 01/03



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.

(((H20000005165 3)))



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 : 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.

Kli Transportation LLC

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Certified Copy	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

Help

To: 18506176381 From: 14693173436 Date: 01/06/20 Time: 11:22 AM Page: 02/03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

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The name of the Limited Liability Company is.

Kli Transportation LLC

(Must conatin 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:

Mailing Address:

3790 Appaloosa Road,	3790 Appaloosa Road,
Lake Wales, FL, 33898	Lake Wales, FL, 33898

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:

LEGALING CORPORATE SERVICES INC.

Name

5237 SUMMERLIN COMMONS BLVD, SUITE 400

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

 FORT MYERS
 FL
 33907

 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 Agents Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

(((H20000005165 3)))

(Use attachment if necessary) (OPTIONAL) (OPTIONAL) (Determine the date in the date of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (In date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unent's effective date on the Department of State's records. (In date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unent's effective date on the Department of State's records. (In date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unent's effective date on the Department of State's records. (In date inserted 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. Nancy Luna Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	"MGR" - Manager	Kenny Pagan 3790 Appaloosa Road
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