

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.

(((H19000370985 3)))



H190003709853ABC9

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 Fax Number : (305)805-3516 : (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.

Email Address:

FLORIDA LIMITED LIABILITY CO. RUBEN & FAMILY INDUSTRIAL STEEL SOLUTIONS LLC

K PAGE JAN 0 8 2020

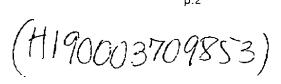
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Sut 12

Electronic Filing Menu

Corporate Filing Menu

Help

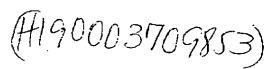


COVER LETTER

	New Filing Se Division of Co				
SUBJEC	RUBEN &	FAMILY INDUSTRIAL	STEEL SO	DLUTIONS LLC	
		Name of Li	mited Liabi	lity Company	-
The encle	osed Articles of	f Organization and fee(s) a	re submitte	d for filing.	
Please re	tum all corresp	ondence concerning this m	atter to the	following:	
	FIRST NAM	ME= RUBEN LAST NAM	E= RODRI	GUEZ DELGADO	
			Name o	f Person	
	RUBEN & I	FAMILY INDUSTRIAL S	STEEL SOL	UTIONS LLC	
	<u></u>		Firm/Co	отрапу	
	11710 NW 9	S RIVER DR APT 316			
			Add	ress	
	MEDLEY, I	FL 33178			
	BODDIO!			nd Zip Code	
		ZDELGADO166@GMAII E-mail address: (to be used	·	ennual manet notificat	ion
For further		encerning this matter, pleas		ambar report nouncar	1011)
	RUBEN ROI	DRIGUEZ DELGA DO 81	50	890-4393	
	Nam			Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:			
≡ \$125.0	0 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		eg Address iling Section		Street Address New Filing Section Di	
	Divisio	on of Corporations ox 6327		The Centre of Tallaha 2415 N. Monroe Street	issec

Tallahassee, FL 32303

Tallahassee, FL 32314



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RUBEN & FAMILY INDUSTRIAL STEEL SOLUTIONS 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:

11710 NW S RIVER DR APT 316 MEDLEY, FLORIDA 33178

11710 NW S RIVER DR APT 316 MEDLEY, FLORIDA 33178

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:

RUBEN RODRIGUEZ DELGADO

Name

____11710 NW S RIVER DR APT 316

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

MEDLEY

FLORIDA

33178

City

State

Zip

Flaving 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 gight as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

ARTICLE IV-

(H190003709853)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	RUBEN RODRIGUEZ DELGADO
	11710 NWS RIVER DR APT 316
	MEDLEY, FLORIDA 33178
,	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Effective date, if other than the dat ffective date is listed, the date must be s of filing.)	pecific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the dat ffective date is listed, the date must be se of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the dat ffective date is listed, the date must be set of filing.) If the date inserted in this block does not unnear 's effective date on the Department of the VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list of State's records.
LE V: Effective date, if other than the dat ffective date is listed, the date must be se of filing.) If the date inserted in this block does not ument's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list of State's records.
LE V: Effective date, if other than the date ffective date is listed, the date must be set of filing.) If the date inserted in this block does not turnent's effective date on the Department LE-VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list of State's records.
LE V: Effective date, if other than the dat ffective date is listed, the date must be set of filing.) If the date inserted in this block does not unnear 's effective date on the Department of the VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list of State's records.
LE V: Effective date, if other than the date ffective date is listed, the date must be set of filing.) If the date inserted in this block does not urnean's effective date on the Department LEVI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be list of State's records.
LE V: Effective date, if other than the date ffective date is listed, the date must be set of filing.) If the date inserted in this block does not turnent's effective date on the Department LEVI: Other provisions, if any. REOURED SIGNATURE: Signature of a manuary that any false.	meet the applicable statutory filing requirements, this date will not be list of State's records. The state of the applicable statutory filing requirements, this date will not be list of State's records. The state of the statutory filing requirements, this date will not be list of State's records.
LE V: Effective date, if other than the dat ffective date is listed, the date must be se of filing.) If the date inserted in this block does not amount's effective date on the Department LEVI: Other provisions, if any. REQUIRED SIGNATURE: Signstore of a me This document is execu I am aware that any false constitutes a third degre	meet the applicable statutory filing requirements, this date will not be list of State's records. The state of the applicable statutory filing requirements and the state will not be list of state's records.

Filing Fees:

\$ 30.00 Certificate of Status (Optional)