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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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IVED	PM 4: 37	CERVICES	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	ASSEE, FLORIS	17 AM 8: 59	
RECE	2020 JAN 7	្ទរ an	the email address for this business entity to be used for functional report mailings. Enter only one email address please.**	iture		

FLORIDA LIMITED LIABILITY CO. AMERICAN TRUSTED TRANSPORTATION LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Electronic Filing Menu Corporate Filing Menu

2020 JAN 17 **ARTICLES OF ORGANIZATION** FOR FLORIDA LIMITED LIABILITY COMPANY AM 8: m **ARTICLE I - Name:** ۍ ص The name of the Limited Liability Company is: AMERICAN TRUSTED TRAnsporta LC inn **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: NW Gouth River Dr MiAMI FL 3312.5 APT 807 ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (Die Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another husiness entity with an active Florida registration.) ARtin ANDRES DURVE RIVER DR MIAMI FL. 33125 1951 NW South APT 802 **ARTICLE IV** The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) MAR till ANDRES DUQUE FERNANDEZ

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Required Signatures:

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AM 8

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Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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. 3.

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited hability 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)