3/12/2020



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	Division of Cor	rporations		
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	Account Number	: I20100000009	r	
	Phone	; (305)599-0839	•	
	Fax Number	: (305)592-9591	e e	
			<b>ኔ</b> •	۷.

## FLORIDA LIMITED LIABILITY CO. OKARRO VEHICLE SHIPPING SERVICES, LLC

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RTICLE I- Name: he name of the Limi	ted Liability Company is:	
ok arro vehicle	SHIPPING SERVICES, I	LC
ARTICLE II- Address a mailing address a s:		ncipal office of the Limited Liability Company
Principal Office Add	lress:	Mailing Address:
7200 NW 42 <sup>ND</sup> PLA	<u>CE</u>	17200 NW 42 <sup>ND</sup> PLACE
,		
MIAMI GARDENS,	FL 33055	MIAMI GARDENS, FL 33055
		MIAMI GARDENS, FL 33055  MIAMI GARDENS, FL 33055  Office, & Registered Agent's Signature:
ARTICLE III-Regis		Office, & Registered Agent's Signature:
ARTICLE III-Regis	tered Agent, Registered (	Office, & Registered Agent's Signature: egistered agent are:
ARTICLE III-Regis	tered Agent, Registered ( rida street address of the re CEBERT	Office, & Registered Agent's Signature: egistered agent are:
ARTICLE III-Regis	tered Agent, Registered ( rida street address of the re CEBERT	Office, & Registered Agent's Signature: gistered agent are:
ARTICLE III-Regis	tered Agent, Registered ( rida street address of the re  CEBERT: Na	Office, & Registered Agent's Signature: gistered agent are: SMITH
ARTICLE III-Regis	tered Agent, Registered ( rida street address of the re  CEBERT No.	Office, & Registered Agent's Signature: gistered agent are:
ARTICLE III-Regis	tered Agent, Registered ( rida street address of the re  CEBERT No.	Office, & Registered Agent's Signature: egistered agent are: SMITH ame
	tered Agent, Registered ( rida street address of the re  CEBERT: No.  17200 NW  Florida street address (P	Office, & Registered Agent's Signature:  egistered agent are:  SMITH  ame  42ND PLACE  O. Box NOT acceptable)

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 provided for in

chapter 605 F.S.

ARTICLE IV- The name and address of each Manager or M	anaging Member is as follows:
Title: "AMBR"= Authorized Member "MGR"= Manager	Name and Address:
AMBR	CEBERT SMITH
	17200 NW 42 <sup>ND</sup> PLACE
	MIAMI GARDENS, FL 33055
MGR	KIMESHA DANVERS
	17200 NW 42 <sup>ND</sup> PLACE
	MIAMI GARDENS, FL 33055
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must	be specific and cannot be more than five business,
ARTICLE V: Effective date, if other than the	be specific and cannot be more than five business,
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must days prior to or 90 days after the date of fil	be specific and cannot be more than five business;