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## FLORIDA LIMITED LIABILITY CO. BEST CLASS INSURANCE AGENCY NORTH, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: BEST CLASS INSURANCE AGENCY NORTH LLC (Must contain 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: 3408 W. 84th STREET #305 3408 W. 84th STREET #305 HIALEAH, FL 33018 HIALEAH, FL 33018 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: JUNIOR SIERRA

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

3408 W. 84th STREET #305

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Zip State 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

33018

/a/ Junior Sierra
Regisfered Agent's Signature REQUESTO

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	GUARDIAN LOGISTICS LLC		
	190 E. 49th STREET HIALEAH, FL 33013		
AMBR/MGR	JUNIOR SIERRA 3408 W. 84th STREET #305 HIALEAH, FL 33018		
(Use attachment if necessary)			
an effective date is listed, the date must be date of filing.)	specific and cannot be more than five business days prior to or 90 days af of meet the applicable statutory filing requirements, this date will not be listed on the first of State's records.		
RTICLEVI: Other provisions, if any.			
REQUIRED SIGNATURE:			
/2/	Raul Rivera		
Signature of a This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.		