

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

K. P. A. C.

JUN 15 2020

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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**FLORIDA LIMITED LIABILITY CO.  
ELVA & EMMA TRANSPORT LLC**

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

2020 JUN 12 PM 6:08

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LLC")

Elva & Emma Transport LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

7429 NW 33<sup>rd</sup> Street Unit 6101 Hollywood FL 33024

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: (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.)

7429 NW 33<sup>rd</sup> Street Unit 6101 Hollywood FL 33024  
Juan B. Vargas

**ARTICLE IV -**

The name and title of each person authorized to manage and control the Limited Liability Company:

Juan B. Vargas (AMBR)

**Required Signatures:**

JUAN B Vargas

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.S.

JUAN B. Vargas

Typed or printed name of signer

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..

JUAN B. Vargas

Registered Agent's Signature (REQUIRED)

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STATE OF FLORIDA  
TALLAHASSEE, FL