7/21/2020

**Division of Corporations** Electronic Filing Cover Sheet

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(((H20000236166 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 Phone

: (305)805-3516

Fax Number

: (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. \*\*

FLORIDA LIMITED LIABILITY CO.

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

MG TRUCK USA LLC

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Corporate Filing Menu

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#200002361663

## **COVER LETTER**

	iew Filing Sec Division of Co								
SUBJEC	MG TRUCK USA LLC								
зовяес.	Name of Limited Liability Company								
The enclos	sed Articles of	Organization and	l fec(s) are	submitted i	or filing.				
Please retu	ım all correspo	ondence concerni	ng this mat	tter to the fo	llowing:				
	HARON GU	ILLERME							
Name of Person									
	MG TRUCK	USA LLC							
	Firm/Company								
	2910 - 30TH ST SW								
	Address								
	LEHIGH AC	CRES, FL 33976							
City/State and Zip Code									
		LLERME@YAH							
	1	E-mail address: (t	o be used f	for future an	nual report notificat	ion)			
For further i	nformation co	ncerning this mat	ter, please	call:					
	HARON GU	ILLERME	305 at (		586-2934				
				ca Code	Daytime Telephor	ne Number			
Enclosed i	s a check for the	ne following amo	unt:						
■\$125.00 Filing Fcc □\$130.00 Filing Certificate of \$		ng Fee & Status	Certifica	00 Filing Fee & l Copy copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailin	•		c	runné é dalanca				

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street\_Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LL.C.")

#### ARTICLE II - Address:

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

Principal Office Address: Mailing Address:			
2910-30th STSW 2910-30th S	JT SI	N	
Lehigh Acres, FL 33976 Lehigh Acres, F	132	391	16
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 individu	ual or		'
another business entity with an active Florida registration.)	₹s	2020	
The name and the Florida street address of the registered agent are:  HARDN GUILLER ME	ECRETA!	JUL 2	
2910-30Th ST SW	VY OF S	PK	Lu :
Florida street address (P.O. Box NOT acceptable) LENIGH ACIYS, FL 33976	STAFE LORIDA	ვ.  -2	ر
City State Zin	-		

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#200002361663

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Haron Guillerme 2910-30th STSW Lehigh Acres Fl 33976
<del></del>	
	SECRE
	ASSEE. PH
(Use attachment if necessary)	3: 12 RDA TE DA
ARTICLE V: Effective date, if other than the date o (If an effective date is listed, the date must be spec the date of filing.)	rific and cannot be more than five business days prior to or 90 days after set the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	7
//	
REQUIRED SIGNATURE:	
This document is executed I am aware that any false in	ther or an authorized representative of a member.  d in accordance with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
TUKUN	Typed or printed name of signee

# Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)