Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: GONZALEZ & ASSOCIATES III PA

Account Number : I20190000077

: (954)773-7286

Fax Number

: (954)526-8825

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. VENEZUELAN CARGO BROKERS VCB INT, LLC

Certificate of Status	0
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COVER LETTER

TO:	New Filing Sec Division of Cor						
SUBJE	VENEZU	ELAN CARGO B	ROKER	RS VCB INT	TERNATIO	NAL, L <u>L</u>	С
20016	C1.	Nam	e of Liπ	nited Liabili	ty Company	7	
The enc	losed Articles of	Organization and f	ee(s) an	e submitted	for filing.		
Please re	eturn all correspo	ondence concerning	this ma	itter to the fo	ollowing:		
	ANTONIO	GONZALEZ					
				Name of	Person		
	GONZALE	Z & ASSOCIATE:	S III РА				
	•			Firm/Co	npany		···
	1820 N CO	RPORATE LAKE	S BLVI	D STE 107			
		-		Addre	22:		
	WESTON,	FL 33326					
			C	ity/State and	l Zip Code		
		EZ@AMEFINAN(
	I	E-mail address: (to	be used	for future a	mual report	t notificati	ion)
For furthe	r information co	ncerning this matte	r, please	call:			
	ANTONIO C	ONZALEZ		54	868-416()	
	Nam	e of Person		rea Code	Daytime	Telephon	e Number
Enclose	d is a check for t	he following amour	it:				
□\$ 125.	.00 Filing Fee	■\$130.00 Filing Certificate of Sta		Certifie	i.00 Filing I d Copy I copy is en		☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio	g Address iling Section on of Corporations		1	Street Adding Street Adding Street Adding Street	Section Di of Tallaha	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	CI	\mathbf{E} I	Name:

The name of the Limited Liability Company is:

VENEZUELAN CARGO BROKERS VCB INTERNATIONAL, 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:

rincipal Office Address:	Mailing Address:		
11770 NW 81st COURT	11770 NW 81st COURT		
PARKLAND, FL 33076	PARKLAND, FL 33076		

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:

GONZALEZ & AS	OCIATES III PA	
	Name	
1820 N CORPORA	TE LAKES BLVD S	TE 107
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
WESTON	FL	33326
City	State	2in

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)

ORETAKY OF STATE

H20000288070 3

ARTI	LE	IV	٧.
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	ALI J. DE CASTRO		
	11770 NW 81st COURT PARKLAND, FL 33076		
	1 AUCLAND, 1 (2 33010	_	
AMBR	ARMANDO E. BRICENO	_	
	11770 NW 81st COURT	_	
	PARKLAND, FL 33076	_	
AMBR	JOSE G. AMARO		
	11770 NW 81st COURT	_	
	PARKLAND, FL 33076	_	
		<u> </u>	
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(Use attachment if necessary)			
(Cac attachment it necessary)			
cument's effective date on the Departm CLE VI: Other provisions, if any.	nent of State's records.		
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REOUIRED SIGNATURE:	(I) AD		-
		_	
Signature of	a member or an authorized representative of a member.		
This document is ex	xeedicd in accordance with section 605.0203 (1) (b), Florida Statutes	i.	
	false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.		
.constitues a third d	egree felony as provided for in s.817.155, F.S.	20	
	ALI I. DE CASTRO	<u>→</u>	
	Typed or printed name of signee	AUG G	
	\$2.	20	——————————————————————————————————————
		0	=
	Filing Fees:		
S 30.00 Certified Copy (Option:	f Organization and Designation of Registered Agent	20	П
	f Organization and Designation of Registered Agent	P	EO
\$ 5.00 Certificate of Status (O)	f Organization and Designation of Registered Agent	PM 7:	ED