

L2 0000266481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

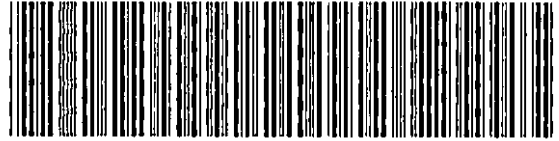
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300351406953

300351406953
09/04/20--01001--011 **130.00

SEP 4 2020
TALLAHASSEE, FL

2020 SEP -3 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FL

2020 SEP -3 PM 12:29

SEP 10 2020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PICKUP XPRESS LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VANESSA TORRES

Name of Person

ALL AMERICAN PERMITS LLC

Firm/Company

6801 NW 77TH AVE SUITE 103

Address

MIAMI FL 33166

City/State and Zip Code

PERMITS2009@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA TORRES

305

501-4791

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

Sandra 850322 7898

FILED

2020 SEP -3 PM 12: 30

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PICKUP XPRESS 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:

26 NW 109TH PL
MIAMI FL 33172

Mailing Address:

26 NW 109TH PL
MIAMI FL 33172

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:

ORLANDO ARIEL BACALLAO MORERA
Name

26 NW 109TH PLACE
Florida street address (P.O. Box **NOT** acceptable)

<u>MIAMI</u>	<u>FL</u>	<u>33172</u>
City	State	Zip

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..

Orlando A Bacallao
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

ORLANDO ARIEL BACALLAO MORERA
26 NW 109TH PL
MIAMI FL 33172

SECRETARY OF STATE
TALLAHASSEE, FL

2020 SEP -3 PM12: 30

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/03/2020. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Orlando A Bacallao

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

ORLANDO BACALLAO MORERA

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)