## Division of Corporations Electronic Filing Cover Sheet

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 Cor	ivision of Corporations		
		: (850)617-6381		
From:				
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	-4. ja	
	Account Number	: I2 <del>0000000</del> 19		
	Phone	: (305)552-5973	200	
	Fax Number	: (305)675~59 <b>44</b>		
	Phone Fax Number the email addres	: (305)552-5973		

## FLORIDA LIMITED LIABILITY CO. KING REYES TRANSPORT LLC

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\$130.00	

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ALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
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ARTICLE I - Name: The name of the Limited Liability Company is:
hing Reyes transport LLC 3 12
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
536 NW 23 CT Miami FL 33125
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot surve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  Ona Fire's Royal Pena  536 NW 33 of Mianu Fh 33135
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Qua Inis Reyer Pena (AMBR)

## Required Signatures:

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.

ANA INS Reyes Pera
Typed or printed name of signee

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)

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WETAN SELOPINA