

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 : 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.

BMB HAULING LLC

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

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Corporate Filing Menu

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Dec 16 2020 5:48pm Three_K

COVER LETTER

TO:	New Filing Section Division of Corporations			
0110 112	BMB HAULING LLC			
SUBJECT: Name of Limited Liability Company				
The end	losed Articles of Organization and fce(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	FIRST NAME: BORIS / MIDDLE: A. / (2) LAST NAMES: MORALES BATULE			
	Name of Person			
	BMB HAULING LLC			
	Firm/Company			
	5011 BYWOOD ST			
	Address			
	LEHIGH ACRES, FL 33971			
	City/State and Zip Code			
	CYAILEN@YAHOO.COM			
	E-mail address: (to be used for future annual report notification)			
For furt	her information concerning this matter, please call:			
	BORIS A MORALES BATULE 786 399-7178			
	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)

□S160.00 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

ARTICLE I - Name:
The name of the Limited Liability Company is:

(Must conatin 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:

5011 Bywood ST

Lehigh Acres, Fl 3397/
Lehigh Acres, Fl 3397/

Lehigh Acres, Fl 3397/

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:

Florida street address (P.O. Box NOT acceptable)

Florida street address (F.O. Box NOT acceptable)

ity 🕽 '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 agregistered agent as provided for in Chapter 605, F.S..

gistered Agent's Signature (REQUIRED)

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Boris A. Morales Batule Boil Bywood St Lehigh Acres Fl 33971
· .	
	
he date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is execut I am aware that any false	ted 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. 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)