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.

(((H21000078552 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

: (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.

CsTechlab LLC

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

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(H210000785523)

COVER LETTER

TO:	New Filing S Division of C				
SUBJI	CsTechla	ıb LLC			
SUBJI	r.c.i:	Name	of Limited Lial	pility Company	
The en	closed Articles	of Organization and fee	e(s) are submitt	ed for filing.	
Please	return all corres	pondence concerning t	his matter to the	e following:	_
	Steven Zan	norano			
			Name	of Person	
	CBS Finan	cial CPA PA			- 5
			Firm/C	Company	
	6075 W Co	mmercial Blvd			# F
			Ado	iress	
	Tamarac, F	L 33319			
	Stover @CBS	Spinned don	City/State a	nd Zip Code	_
		SFinancialCPA.com E-mail address: (to be	used for future	annual report potifice	tion
For furthe		oncerning this matter,		ambat report nonnea	tion)
	Steven Zame		954 at (724-4141	
	Nan	ne of Person	Area Code	Daytime Telephor	ne Number
Enclose	d is a check for t	he following amount:			
≣\$125.	.00 Filing Fee	□\$130.00 Filing For Certificate of Stam.	s Certif	55.00 Filing Fee & ied Copy aal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address iling Section		Street Address New Filing Section D	iviaiaa
	Divisio	on of Corporations ox 6327		The Centre of Tallant 2415 N. Monroe Stre	ass ee

Tallahassee, FL 32314

Tallahassec, FL 32303

2/0000785523)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CsTechlab LLC	
(Must contain the words "Limited Liabil	lity 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:	Mailing Address:
721 US Highway One, #217	721 US Highway One, #217
North Palm Beach, FL 33408	North Palm Beach, FL 33408
the Limited Liability Company cannot serve as its own Regis mother business entity with an active Florida registration.)	stered Agent. You must designate an individual or
the Limited Liability Company cannot serve as its own Regis mother business entity with an active Florida registration.)	stered Agent. You must designate an individual or
the Limited Liability Company cannot serve as its own Regis nother business entity with an active Florida registration.)	stered Agent. You must designate an individual or
the Limited Liability Company cannot serve as its own Regis nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent	stered Agent. You must designate an individual or
	stered Agent. You must designate an individual or
the Limited Liability Company cannot serve as its own Regis nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent CBS Financial CPA PA Name	stered Agent. You must designate an individual or t are:

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.

State

Zip

City

(CONTINUED)

stered Agent's Signature (REQUIRED)

(#210000785523)

A	K.	Ŧ.	IC	LF.	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 MGR			
	Flavio Dario Strianese 721 US Highway One #217 North Palm Beach, FL 33408		
	22		
	72		
the date of halig.)	need the applicable statistics filing requirements, this days will are helicity		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	Flavio D. Strianese		
am aware that any false	ember or an authorized representative of a member. sed in accordance with section 605.0203 (1) (b), Florida Statutes. sinformation submitted in a document to the Department of State selony as provided for in s.817.155, F.S.		
Flavio Dario Stria	mese		
	Typed or printed name of signer		

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)