

# L21000146951

Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
D&A TRANSPORT SOLUTIONS LLC

Certificate of Status	0
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March 22, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DARIEN HERNANDEZ  
1500 W 29 ST  
APT 6  
BIALEAH, FL 33012US

SUBJECT: D&A TRANSPORT SOLUTIONS LLC  
REF: W21000037504

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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SHAMIYA M HARRIS  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H21000112115  
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

D&A Transport Solutions 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:1500 W 29th STApt 6Hialeah, FL 33012Mailing Address:1500 W 29th STApt 6Hialeah, FL 33012

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Darien Castresana Hernandez

Name

1500 W 29th Street, Apt 6Florida street address (P.O. Box **NOT** acceptable)Hialeah, FL 33012

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" – Authorized Member

"MGR" – Manager

**Name and Address:**

MGR

Darien Castresana Hernandez  
1500 W 29th ST Apt. 6  
Hialeah, FL 33012

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

DCW  
**Signature of a member or an authorized representative of a member:**  
 This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.  
 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.

Darien Castresana Hernandez

Typed or printed name of signee

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 FLORIDA