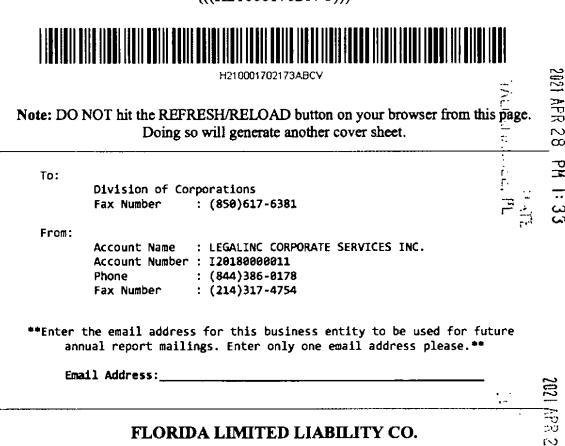
To: 18506176381 From: 14693173436 Date: 04/28/21 Time: 9:55 AM Page: 01/03

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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# **GDD Trucking LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:	
GDD Trucking LLC		
(Must conta	ain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office	of the Limited Liability Company is:
Princips	al Office Address:	Mailing Address:
200 Leslie Drive, Ap		200 Leslie Drive. Apt 716
Hallandale Beach, Fl	., 33009	Hallandale Beach, FL, 33009
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Regi active Florida registration.)	stered Agent. You must designate an individual or
		·
	Dmytro Golovkin	
	Nar	nc
	200 Leslie Drive, Apt 716	ne :
	Florida street address (P.C	). Box <u>NOT</u> acceptable)
	Hallandale Beach	FL 33009

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

City

Dmytro Golovkin
(Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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### ARTICLE IV-

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

Title:	Name and Address:	
	uthorized Member	
"MGR" = Man		
<u>AMBR</u>	Dmytro Golovkin 200 Leslie Drive, Apt 716	_
	Hallandale Beach, FL, 33009	
	TABLEMAND DENVIN 1 BJ 12009	<del></del>
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effective date is liste of filing.)	date, if other than the date of filing: (OPTIONAL) isted, the date must be specific and cannot be more than five business days prior to or	
CLEV: Effective effective date is like of filing.) If the date inserte	e date, if other than the date of filing: (OPTIONAL)	
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CLE V: Effective effective date is like of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the date of filing:	not be liste
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CLEV: Effective effective date is like of filing.) If the date inserte cument's effective CLEVI: Other pro	sisted, the date must be specific and cannot be more than five business days prior to or ted in this block does not meet the applicable statutory filing requirements, this date will be date on the Department of State's records revisions, if any.  Signature of agreember 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.	2021 APR
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