

4/29/2021

L21000186306Division of Corporations
Florida Department of StateDivision of Corporations
Electronic Filing Cover Sheet

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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.****

Email Address:

*anamisperez201026865@gmail.com***FLORIDA LIMITED LIABILITY CO.****BRANDON & B TRUCKING LLC** ✓

Certificate of Status	0
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Corporate Filing Menu

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APR 30 2021

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: BRANDON & B TRUCKING LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FIRST NAME: ARAMIS (2) LAST NAMES: PEREZ HERNANDEZ

Name of Person

BRANDON & B TRUCKING LLC

Firm/Company

8500 SW 149TH AVE APT 1201

Address

MIAMI, FL 33193

City/State and Zip Code

ARAMISPEREZ01026865@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARAMIS PEREZ HERNANDEZ 786 260-2658

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)

☐ \$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRANDON & B TRUCKING 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:8500 SW 149TH AVENUE APT 1201
MIAMI, FL 33193Mailing Address:8500 SW 149TH AVENUE APT 1201
MIAMI, FL 33193

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:

ARAMIS PEREZ HERNANDEZ

Name

8500 SW 149TH AVE APT 1201Florida street address (P.O. Box NOT acceptable)MIAMI FLORIDA 33193

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)

FILED
21 APR 29 PM 6:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

AMBR, MGR

ARAMIS PEREZ HERNANDEZ

8500 SW 149TH AVENUE APT 1201

MIAMI, FL 33193

AMBR, MGR

MARIA PEREZ ACOSTA

8500 SW 149TH AVENUE APT 1201

MIAMI, FL 33193

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/29/2021 (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.

N/A

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ARAMIS PEREZ HERNANDEZ

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)

FILED
21 APR 29 PM 7:53
STATE OF FLORIDA
TALLAHASSEE, FLORIDA