

5/16/2021

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ASLAN TAX SERVICES INC
Account Number : I20140000082
Phone : (305)644-9144
Fax Number : (786)477-5802

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
MATT-KYA TRUCKING LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MATT-KYA 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:

IRMA SERNA

Name of Person

ASLAN TAX SERVICES INC

Firm/Company

1770 W FLAGLER ST SUITE 5

Address

MIAMI, FL 33135

City/State and Zip Code

IRMA@ASLANTAXSERVICE.COM

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

For further information concerning this matter, please call:

IRMA SERNA

at (305) 644-9144

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 310
Tallahassee, FL 32303

5/15/2021

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2021 MAY 17 AM 10:42

RECORDING OFFICE OF STATE
TREASURER, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Matt-Kya 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:Mailing Address:3044 NW 31 ST
MIAMI, FL 331423044 NW 31 ST
MIAMI, FL 33142

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:

Juan A. Gonzalez

Name


3044 NW 31 STFlorida street address (P.O. Box **NOT** acceptable)MIAMIFL33142

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.

X 
 Registered Agent's Signature (REQUIRED)
 (CONTINUED)

