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To:

Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : HUBCO

Account Number: 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: FERNANDO_ROJAS_7@HOTMAIL.COM

FLORIDA LIMITED LIABILITY CO. FERNANDO'S TRUCK SERVICE LLC

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H21000200887

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

14154847068

FERNANDO'S TRUCK SERVICE LLC

(Must end with 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:

7817 MERCHANTVILLE CIRCLE ZEPHYRHILLS, FL 33540

7817 MERCHANTVILLE CIRCLE ZEPHYRHILLS, FL 33540

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:

FERNANDO ROJAS

Name

7817 MERCHANTVILLE CIRCLE

Florida street address (P.O. Box NOT acceptable)

ZEPHYRHILLS

er 33540

City

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

Registered Agent's Signature (REQUIRED)

FERNANDO ROJAS

(CONTINUED)

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	FERNANDO ROJAS
	7817 MERCHANTVILLE CIRCLE ZEPHYRHILLS, FL 33540

	<u></u>
/11	
•	(OPTIONAL)
E V: Effective date, if other than the descrive date is listed, the date must be	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the deective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the detective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
(Use attachment if necessary) E V: Effective date, if other than the descrive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the detective date is listed, the date must be of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a if the date must be of filling.)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)

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