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SECRETARY OF STATE



m/s/si

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Mand E transportation 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:
Mateo Vasquiz Gomzz Name of Person
M and E transfortation Firm/Company
132 Betty Jean Ct Address
Chattahoochue FL 373 Z 4 City/State and Zip Code
MakoGomez Contact@Gmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
mateo a1 (850) 815-7482
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certificate of

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

FILED

ARTICLE I - Name: The name of the Limited Liability	Company is:			2021 JUN -8	AM 11: 01
·	land E + rans in the words "Limited Liab	ρος	<u> </u>	SECRETARY TALLAHAS	GF STATE SEE, FL
ARTICLE II - Address: The mailing address and street ad	dress of the principal office	of the Limited Liabi	lity Company is:		
Principa	l Office Address:		Mailing Ad	dress:	
Chattahachee	an (t FL 31324	132 E Chatta	hoother FL	Ct 32324	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Reg ctive Florida registration.)	gistered Agent. You n	i gnature: nust designate an	individual or	
The field will be to the time			DMC7-		
	Mateo No. 132 Bet1)	Jean ct			
	Florida street address (P	O. Box NOT accept	able)		
	Chattahoochee City	FL State	32 3 24 Zip		
laving been named as registered a lace designated in this certificate, arther agree to comply with the pr im familiar with and accept the ob	I hereby accept the appoint ovisions of all statutes relate ligations of my position as r	ment as registered agoing to the proper and o	ent and agree to c complete perform ovided for in Chaj	ict in this capacity ance of my duties,	\mathcal{L}
	Registered	l Agent's Signature (I	KEQUIKED)		

(CONTINUED)

	N 1.411
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Mateo Vasquez Gomez 132 Betty tean of chattahorchie FL 32324
OWNER AMBR	Ffrain Sarmiento Vasquet. 391 Fack: arton RD Bauking. 64 39819
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	ate of filing: specific and cannot be more than five business days prior to or 90 days after the meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
(If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
(If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
(If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
(If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member. ceuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
(If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.