Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000244860 3)))



H210002448603ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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. LTTRUCKING1971 LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

1081 JUR 22 PH 4: 3:

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY E
LIMITED LIABILITY COMPANY
ARTICLE I - Name:
The name of the Limited Liability Company is:
The name of the Limited Liability Company is:
LT TRUCKING 1821 114
ARTICLE II ARTICLE II
ARTICLE II - Address:
Company is:
The mailing address and street address of the principal office of the Limited Liability
8725 SW 152 AVR. 323 Wiant 1 33193
174 AVR. 323 Miami 15/ 32/00
23/73
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of Office:
The name and the Florida street address of the registered agent are: (The Limitea Liability with an active Florida registered Agent. You must designate an individual or another business entire.)
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity
- Juan Carms Go
· Juan Carlos Gonzalez Leyva
070 SW 152 AVE 200
8725 Sw 152 Ave 323 Miami F1 33193
ARTICLE IV
The name and title of each person and
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Juan Carlos Conzalez Legra (AMBR)
Conzalez Leyva AMRR)

Required Signatures:

3052201440

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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 øbhgarions of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)