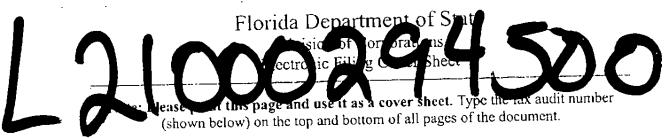
6/23/2021

Division of Corporations



(((H21000246638 3)))



H210002466383ABC%

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 : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033

: (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. \*\*

## FLORIDA LIMITED LIABILITY CO. SIDAM TRUCK LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu Corporate Filing Menu

Help

1/1

page. I

Received by: Three K Received Fax:Jun 24 2021 12:22pm 850-617-6381

6/24/2021 12:21:29 PM

Fax Server

June 24, 2021

FLORIDA DEPARTMENT OF STATE

THREE K FAST CARRIER SERVICES INC

SUBJECT: SIDAM TRUCK LLC

REF: W21000091754

We received your electronically transmitted document. Bowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calī (850) 245-6052.

Shareta Backey Regulatory Specialist II FAX Aud. #: H21000246638 Letter Number: 621A00014406

H2100024663

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:                         |     |
|---|-----|
| The name of the Limited Liability Company | is: |

SIDAM TRUCK LLC (Alust 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:

| <u>Principal</u> | Office | Λ | d | re | 55 | , |
|------------------|--------|---|---|----|----|---|
|                  |        |   |   |    |    |   |

3420 W HILLSBORO BLVD APT 101 COCONUT CREEK, FL 33073

## Mailing Address:

3420 W HILLSBORO BLVD APT 101 COCONUT CREEK, FL 33073

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:

LUIS A. MORENO RENDON

Name

3420 W HILLSBORO BLVD APT 101

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

COCONUT CREEK FL

33073

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 registured 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 um familiar with and accept the obligations of my position of registered agent as provided for in Chapter 695. F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

p.6

| Tide:   | Name and Address:   |
|---|---|
| "AMBR" = Authorized Member  |   |
| "MGR" = Manager   | LUIS A. MORENO RENDON   |
| AMBR  | 3420 W HILLSBORD SLVD APT 101   |
|   | COCONUT CREEK, FL 33073   |
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| (Use attachment if necessary)   |   |
| CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.)  If the date inserted in this block does not be the date inserted.  | date of filing:   |
| CLE V: Effective date, if other than the celfective date is listed, the date must be te of filing.)  If the date inserted in this block does necument's effective date on the Department.   | not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records. |
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| CLE V: Effective date, if other than the celfective date is listed, the date must be to of filing.)  If the date inserted in this block does not current's effective date on the Department of the Other provisions, if any.  REOURED SIGNATURE  Signature of the other provisions.   | not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records. |

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)

(H210002466353)

## COVER LETTER

|                  | ew Filing Section<br>vision of Corporations                                 |  |  |  |
|------------------|---|--|--|--|
| SUBJECT          | SIDAM TRUCK LLC   |  |  |  |
|                  | Name of Limite  | d Liability Company  |  |  |
| The enclos       | ed Articles of Organization and fee(s) are su                               | abmitted for filing.   |  |  |
| Please retu      | m all correspondence concerning this matter                                 | r to the following:  |  |  |
|                  | LUIS A. MORENO RENDON   |  |  | _  |
|                  | 1   | Name of Person   |  |  |
|                  | SIDAM TRUCK LLC   |  |  | <del></del>  |
|                  |   | Firm/Company   |  |  |
|                  | 3420 W HILLSBORO BLVD APT 101   |  | 4114<br>1935   | 2  |
|                  |   | Address  |  | JUN 2  |
|                  | COCONUT CREEK, FL 33073   |  | \$6.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50<br>10.50 | _ F4   |
|                  | City LUISMORENOTACHIRA@GMAIL.COM  | /State and Zip Code<br>M   | <u> </u>   | AH 5   |
|                  |   | r future annual report notification)   | # 1 K  | - 15<br>- 15<br>- 15<br>- 15<br>- 15<br>- 15<br>- 15<br>- 15 |
| For further      | information concerning this matter, please c                                | ali:   |  |  |
|                  | LUIS A. MORENO RENDON 561   |  |  |  |
|                  |   | a Code Daytime Telephone Number  |  |  |
| Enclosed         | is a check for the following amount:  |  |  |  |
| <b>■\$125.</b> 0 | 0 Filing Fee ☐S130.00 Filing Fee & Certificate of Status                    | □\$155.00 Filing Fee & □\$160.00 Certified Copy (additional copy is enclosed) Certified C (additional co | : of Status<br>Copy  | &  |
|                  | Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327 | Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 310    |  |  |

P.O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32303