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.

(((H21000254173 3)))



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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 : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

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

Email	Address:		
rmar r	Muui E33.		

FLORIDA LIMITED LIABILITY CO.

PKW transportation LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

'JUL' 0 1 2021

T. SCOTT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	y Company is:	
PKW transporta	tion LLC	
(Must cont	ain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office o	of the Limited Liability Company is:
Princip	al Office Address:	Mailing Address:
12721 Whitney	Meadow Way	12721 Whitney Meadow Way
Riverview, FL 3	3578	Riverview, FL 33578
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Regis	gistered Agent's Signature: stered Agent. You must designate an individual or
The name and the Florida street	address of the registered agen	t are:
	Registered Agents I	nc.
	Nan	ne
	7901 4th St N STE 3	300
	Florida street address (P.C	Box NOT accentable)

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.

State

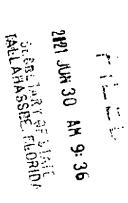
St. Petersburg, FL 33702

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)



	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Manua Milliana
AMBR	Kenya Williams
	7901 4th St N STE 300 St. Petersburg, FL 33702
	3.1 (10135314, 1 E 00) 0E
AMBR	Patrale Williams
7 101 127 1	7901 4th St N STE 300
	St. Petersburg, FL 33702
(Use attachment if necessary)	
CLE V: Effective date, if other than teffective date is listed, the date muste of filing.)	the date of filing:
CLE V: Effective date, if other than teffective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Depa	est be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date, if other than teffective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Depa CLE VI: Other provisions, if any.	est be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed a artment of State's records.
CLE V: Effective date, if other than te effective date is listed, the date must te of filing.) If the date inserted in this block document's effective date on the Depa CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	est be specific and cannot be more than five business days prior to or 90 days after the specific and cannot be listed a current of State's records.
CLE V: Effective date, if other than teffective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Depa CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	es not meet the applicable statutory filing requirements, this date will not be listed authors of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department's effective dat	est be specific and cannot be more than five business days prior to or 90 days after the specific and cannot be listed a current of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department's effective dat	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes. ny false information submitted in a document to the Department of State idegree felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-