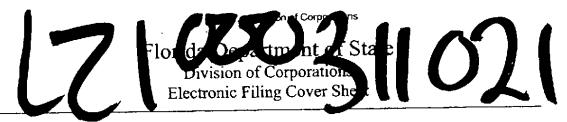
7/2/2021



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.

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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 : THREE K FAST CARRIER SERVICES INC

Account Number : 120180000033 Phone : (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.\*\*

Email Address: MCLYCO Cashillo745@9MGIL.COM

7/7/21 2nd request Ouginally sent Friday 7/2/21

## FLORIDA LIMITED LIABILITY CO. FIRST TIME LOGISTIC LLC

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## COVER LETTER

|   | Filing Section sion of Corporations  |              |  |  |  |  |
|---|--|--------------|--|--|--|--|
| FIRST TIME LOGISTIC LLC                   |  |              |  |  |  |  |
| SUBJECT:Name of Limited Liability Company |  |              |  |  |  |  |
| The encl                                  | Articles of Organization and fee(s) are submitted for filing.  |              |  |  |  |  |
| Please re                                 | all correspondence concerning this matter to the following:  |              |  |  |  |  |
|   | MARCOS F CASTILLO NORDET   |              |  |  |  |  |
|   | Name of Person   |              |  |  |  |  |
| FIRST TIME LOGISTIC LLC                   |  |              |  |  |  |  |
|   | Firm/Company   |              |  |  |  |  |
| 16221 NW 17TH CT                          |  |              |  |  |  |  |
|   | Address  |              |  |  |  |  |
|   | OPA LOCKA, FL 33054  |              |  |  |  |  |
|   | City/State and Zip Code  |              |  |  |  |  |
|   | ARCOSCASTILLO745@GMAIL.COM  E-mail address: (to be used for future annual report notification)   |              |  |  |  |  |
| For furthe                                | formation concerning this matter, please call:   |              |  |  |  |  |
|   | MARCOS CASTILLO NORDET 786 282-1328  |              |  |  |  |  |
|   | Name of Person Area Code Daytime Telephone Number  |              |  |  |  |  |
| Enclose                                   | a check for the following amount:  |              |  |  |  |  |
| 宣\$125                                    | Filing Fee Status Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)               |              |  |  |  |  |
|   | Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303 | 2821 JUL - 7 |  |  |  |  |



002578683 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LY

| ARTICI | .E. I | - Name: |
|--------|-------|---------|

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company,

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: 1622 NW 17th Ct |
|---------------------------|----------------------------------|
| opa locka, FL 33054       | Opaloaka, FL 33054               |

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 O. Box <u>NOT</u> acceptable) Zip State

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..

Signature (REQUIRED)

(CONTINUED)



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| ART | ICL | E [V- |
|-----|-----|-------|
|-----|-----|-------|

The name and address of each person authorized to manage and control the Limited Liability Company:

| Title:  | Name and Address:  |
|---|--|
| "AMBR" = Authorized Member "MGR" = Manager AMBR | Marcos F. Castillo Nordet<br>16221 NW 17th CT<br>Opa Locka, FL 33054   |
|   |  |
|   |  |
|   |  |
| 41 I 44 - 6 EN Y                                | meet the applicable statutory filing requirements, this date will not be listed as   |
| ARTICLE VI: Other provisions, if any.           |  |
| This document is execu                          | nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State ee felony as provided for in s. 817.155, F.S.  Typed or printed name of signee |

Filing Fres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)



