7/2/2021 Division of Corporations

Florida Department of State

Division of Corporations

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FLORIDA LIMITED LIABILITY CO.
YONA TRANSPORT LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

W21000097429

7/8/21

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

YONA TRANSPORT LLC
(Must 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:

Principal Office Address:	Mailing Address:
12250 SW 20 TERRACE UNIT 8	12250 SW 20 TERRACE UNIT 8
MIAMI FL 33175	MIAMI FL 33175

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:

YOANKA DELGADO
Name

12250 SW 20 TERRACE UNIT 8
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33175
City 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 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.

Yoanka Delgado
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	YOANKA DELGADO 12250 SW 20 TERRACE UNIT A MIAMI FL 33175
AMBR	NAGHIN AMINCHON GOPTA 12250 SW 20 TERRACE UNIT 8 MIAMI FL 33175

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

_____

_____

_____

REQUIRED SIGNATURE:

x _____

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

YOANKA DELGADO
Typed or printed name of signee

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