

L21000444826

Florida Department of State
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.

((H21000353767 3)))



H210003537673ABC1

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 : DOCUMENT PLANET INC
Account Number : I20180000095
Phone : (305)510-3848
Fax Number : (786)789-2416

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

Email Address: INFO@DOCUMENTPLANETINC.COM

2021 OCT 12 AM 1:01

FLORIDA LIMITED LIABILITY

FLORIDA LIMITED LIABILITY CO.
DLD TRUCKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2021 OCT 12 AM 8:50

FILED



September 22, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOCUMENT PLACET INC

SUBJECT: DLD TRUCKING LLC
REF: W21000127662

2021 OCT 12 AM 8:50

FILED

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000339522.

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 call (850) 245-6052.

Tammi Cline FAX Aud. #: H21000353767
Regulatory Specialist II Supervisor Letter Number: 621A00022895

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DLD TRANSPORT SERVICE 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:

153 WEST 62 STREET

HALEAH FL 33012

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:

DOCUMENT PLANET INC.COM

Name

4167 NW 135 STREET

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

OPA LOCKA

FL

3304

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.

Onerrira P Montalvan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 OCT 12 AM 8:50

FILED

ARTICLE IV-

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

MGR

SEYGEL JIMENEZ AHUMADA

1531 W 62 STREET

HIALEAH FL 33012

(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:

Seygel Jimenez Ahumada

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.

SEYGEL JIMENEZ AHUMADA

Typed or printed name of signer

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)

2021 OCT 12 AM 8:50
FILED
CLERK OF COURT
HIALEAH, FL

FILED