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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.

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H220000026393ABCY

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
Phone : (305)805-3516
Fax Number : (305)887-5844

2022 JAN -5 PM 12:23

ED

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

Email Address: carlosjudo74@gmail.com

FLORIDA LIMITED LIABILITY CO.
SEBRALES TRUCKING LLC

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

2022 JAN -5 AM 11:40

RECEIVED

NAME added

*2nd Request
1/5/2022
@ 10:58 AM*

** Faxed 1/3/22 @*

5:27 PM

Electronic Filing Menu

Corporate Filing Menu

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CL



January 5, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THREE K FAST CARRIER

SUBJECT: SEBRALES TRUCKING LLC
REF: W22000000851

2022 JAN -5 PM 12:23

ED

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.

List the name of the AMBR.

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.

Neysa Culligan
Regulatory Specialist III

FAX Aud. #: H22000002639
Letter Number: 322A00000270

*attached
ty*

(H220000026393)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SEBRALES TRUCKING LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS SUBIZA
Name of Person

SEBRALES TRUCKING LLC
Firm/Company

3648 WELLINGTON PLACE
Address

BARTOW, FL 33830
City/State and Zip Code

CARLOSJUDO74@GMAIL.COM
E-mail address: (to be used for future annual report notification)

2022 JAN -5 PM 12:23

ED

For further information concerning this matter, please call:

CARLOS SUBIZA at (201) 783-3097
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H220000026

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sebrales Trucking 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:

3648 Wellington Pl
Bartow, FL 33830

Mailing Address:

3648 Wellington Pl
Bartow, FL 33830

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.)

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The name and the Florida street address of the registered agent are:

Carlos Subiza

Name

3648 Wellington Pl

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

BARTOW, FL 33830

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.

Carlos Subiza

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(#2200000 26393)

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:
CARLOS SUBIZA
3648 Wellington Pl
BARTON, FL 33830

2022 JAN 5 PM 12:23

FD

(Use attachment if necessary)

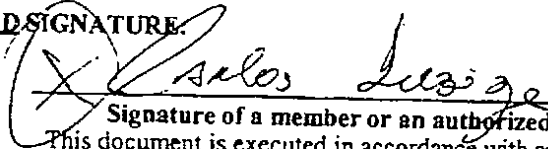
ARTICLE V: Effective date, if other than the date of filing: 01/03/2022 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

N/A

REQUIRED SIGNATURE.



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.

CARLOS Subiza

Typed or printed name of signee

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)