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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Phone Fax Number

: (305)675-5944

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

| Email | Address: | | |
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FLORIDA LIMITED LIABILITY CO. MIGOS TRUCKING LOGISTICS, LLC

| Certificate of Status | 1 |
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| Certified Copy | 0 |
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2ND REQUEST

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILEU 2022 JAN 13 PM 2: 31 SECRETARY OF STAT YALLAHIASSEE, FL

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| ARTICLE I - Name: | | - Si |
| The name of the Limited Liability Company is: | | STAT E, FL |
| Liability Company is: | | , E |
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| Migos Trucking Logistics | | |
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| Logistics | 1.10 | |
| ARTICLE II - Address: | | |
| The mailing add- | | |
| Company address and street address of the primary to se | | |
| The mailing address and street address of the principal office of Company is: | f the Limited Gabrie. | |
| | - Liability | |
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| Plantation, TZ 33324 | | |
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| ARTICLE III David | | |
| ARTICLE III - Registered Agent, Registered Office: | | |
| The name and the Florida street address of the registered agent with an active Florida registered Agent. You must designate an individual or and | | |
| Company cannot serve as its own Registered Agent | are: The United Linkstin | |
| Company cannot serve as its own Registered Agent. You must designate an individual or anot with an active Florida registration.) | her husinger and | |
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| Miquel Pam Plong 8201 Peters Road Plantation, FL 33324 | | |
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| ARTICLE IV | | |
| MI CLE IV | | |
| The name and title of each person authorized to | | |
| The name and title of each person authorized to manage and con Liability Company: (MGR or AMBR) | itrol the Limited | |
| company. (MGR of AMBR) | | |
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| Miguel Pamplona | ΛΛ <u>-</u> | |
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Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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, FrS...

Registered Agent's Signature (REQUIRED)

SECRETARY OF STAT