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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

(⊏

: THREE K FAST CARRIER SERVICES INC Account Name

Account Number : I20180000033 : (305)805-3516 Phone : (305)887-5844 Fax Number

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

FLORIDA LIMITED LIABILITY CO. COASTLINE TRUCKING LLC

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

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3058875844 p.2 (H. 220000282843)

COVER LETTER

то:	New Filing Section Division of Corporations
SUBJE	COASTLINE TRUCKING LLC
SOBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fec(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	YUAN AMARO RIVERA
	Name of Person
	COASTLINE TRUCKING LLC
	Firm'Company
	7840 W 28TH AVE APT 105
	Address
	HIALEAH, FL 330B
	City/State and Zip Code YUANAMARORIVERA's GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
	YUAN AMARO RIVERA 305 \$45-8204
	Name of Person Area Code Daytime Telephone Number
Earla	ed is a check for the following amount:
	5.00 Filing Fee T\$130.00 Filing Fee & T\$155.00 Filing Fee & T\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mulling Address New Filing Section Section Division

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must conatin 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:					
7840 IN 28th Ap #105					
Halad 12 32118					
Muleun, PC 22013					

1840 W. 28th Ave # 105 Hialeah, FL 33018

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:

7840 W. 28th Ave # 105

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

Hialpah, FL 33018

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

7822 J.E. 21 PM 8: No

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Yuan Amaro Rivera 7840 W. 28th Ave #105 HIGH adda Fr 33018	-
		-
		_
		_ -
		_
		- - -
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of	Filing: 01/21/2022 (OPTIONAL)	
(If an effective date is listed, the date must be speci the date of filing.)	ific and cannot be more than five business days prior to or 96 et the applicable statutory filing requirements, this date will no	-
ARTICLE VI; Other provisions, if any.		
REQUIRED SIGNATURE:		
This document is executed I am aware that any false in	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.	2022 J.Y.
Yu Yu	DAN AMATO KIVEVA Typed or printed name of signee	21 PH
	Filing Fees:	
\$125.00 Filing Fee for Articles of Organ	nization and Designation of Registered Agent	8: 09 8: 09
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Ontional)		Ó