

L22000029156

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.

((H22000034161 3)))



H220000341613ABCT

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 JAN 26 AM 5:36

FILED

**FLORIDA LIMITED LIABILITY CO.
ALAMEDA TRUCKING USA LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

JAN 27 2022

2022 JAN 26 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

22 JAN 26 AM 5:36

SECRETARY OF STATE
TREASURER, FLORIDA**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALAMEDA TRUCKING USA LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

3212 NW 11stMiami FL 33125**ARTICLE III - Registered Agent, Registered Office:**The name and the Florida street address of the registered agent are: *(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.)*Oswaldo Diaz3212 NW 11stmiami FL 33125**ARTICLE IV**

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Oswaldo Diaz (AMBR)

Required Signatures:ODiaz**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.

Oswaldo Diaz**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, F.S..

ODiaz**Registered Agent's Signature (REQUIRED)**

22 JAN 26 AM 5:36
SECRETARY OF STATE
TALLAHASSEE, FL 32310-1

FILED