

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.

((F22000034444 3)))



F220000344443ABCK

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 : CLARA GIRALDO ENROLLED AGENT
Account Number : 119990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
FANTASTIC 4 TRUCKS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

22 JAN 26 AM 5:34
SECRETARY OF STATE
TELEPHONE: 1-800-352-7000

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

JAN 27 2022

2022 JAN 26 PM 4:15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF

FANTASTIC 4 TRUCKS, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

FANTASTIC 4 TRUCKS, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**6844 NW 109TH AVE
MIAMI, FL 33178**

The mailing address shall be:

**6844 NW 109TH AVE
MIAMI, FL 33178**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

LUIS GERVAN

6844 NW 109TH AVE
Florida Street address (P.O. BOX NOT acceptable)
MIAMI, FL 33178
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FL 32399

22 JAN 26 AM 5:34

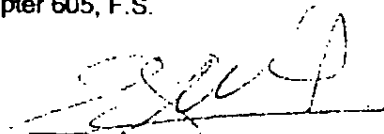
FILED

FILED

22 JAN 26 AM 5:35

**SECRETARY OF STATE
TREASURER, FLORIDA**

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****ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

LUIS GERVAN
6844 NW 109TH AVE
MIAMI, FL. 33178

AMBR

ANDREA MARTIN
6844 NW 109TH AVE
MIAMI, FL. 33178

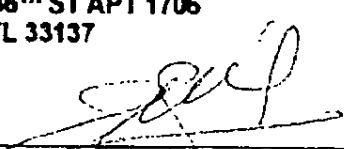
MANAGER

SAMANTHA LAROVERE SAENZ
6844 NW 109TH AVE
MIAMI, FL. 33178

MANAGER

ENRIQUE SIMONELLI
600 NE 38TH ST APT 1706
MIAMI, FL 33137

MANAGER


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.)

LUIS GERVAN

Typed or printed name of signer