**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.

(((H22000096886 3)))



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 : 120008000019 Phone : (3<del>0</del>5)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.\*\*

## FLORIDA LIMITED LIABILITY CO. **GF WAY TRANSPORT LLC**

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

HL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	- LITT COMPANY		
The name of the Limited Liab			
~ ~	uity Company is:		
GE WAY -	TRAISPART		
ARTICLET	IBANSPORT LLC		
The mailing address and street			_
Company is:	t address of the principal office of the Limited Lial	L:11	
11041 SW 641h ST	1 ·	эшту	
- 300 V HM 21	Miami FL 33173		
			-
		2022 SEI	
A TOTAL		HAR AHA	71
ARTICLE III - Registered Agent The name and the Florida street	t, Registered Office		- [
Company cannot serve as its own Registered A	t, Registered Office: t address of the registered agent are: (The Limited Liabilizant. You must designate an Individual or another business entity	TOTAL	Ti
" lorida registration)	Tou must designate an individual or another business entity	85 <b>2.</b>	
- UKTOV Martine	'\/ \	5: <b>\6</b> TATE ORID;	
UNIO - L			
11091 SW 64th ST	Miami FL 33173		
		<u>·</u>	
ARTICLE IV			
The name and title of each name			
Liability Company: (MGR or AM	n authorized to manage and control the Limited		
· Victor Martine	() 1		
- OICIOI FIGURIDE	¿ radiou AMBR		
——————————————————————————————————————			
<del>- : -</del>			

## Required Signatures:

3052201440

ignature 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.

Having been named as registered agent and to accept service of process for the above states. 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 duries, 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)