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.

(((H22000100592 3)))



H220001005923ABCV

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033

Phone

: (305)805-3516

Fax Number

: (305)887-5844

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

FLORIDA LIMITED LIABILITY CO. W V TRUCKING TRANSPORT LLC

Certificate of Status	0
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Page Count	04
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#220001005923

COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJEC	W V TRUCKING TRANSPORT LLC		
300420	Name of Limited Liability Company		
The enclo	ed Articles of Organization and fec(s) are submitted for filing.		
Please ret	m all correspondence concerning this matter to the following:		
	First Name: WALTER Middle Initial: H. (2) Last Name: VARELA PINILLA		
	Name of Person		
	W V TRUCKING TRANSPORT LLC		
	Firm/Company		
	8925 SW 172ND AVE #1121		
	Address		
	MIAMI, FL 33196		302
	City/State and Zip Code	ANTO DEL	E
	WALVAR0626@GMAIL.COM E-mail address: (to be used for future annual report notification)		, - ,
	·		<u>.</u> .
For further i	aformation concerning this matter, please call:	S 🚊	[
	Walter H. Varela Pinilla 305 497-2347	AN IO: 44	•
	Name of Person Area Code Daytime Telephone Number	. 	
Englosed i	a check for the following amount:		
\$125.00	Filing Fee \$\sum \subseteq	us &	
	Molling Address		

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ##2 2000/005923

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must conatin the words "Limited Liability Company, "L.D.C.," or "LLC.")

ARTICLE Π - Address:

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

Principal Office Address:	Mailing Address:
8925 SW 172 Ave #1121	8925 SW 172 Ave #1121
Miami, FL 33196	Miami, FL 33196

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 a	address of the registered a	agent are: ;	
	Walter H.	Varel	atinilla
	8925 SW	Name J 172 }	we #1/21
	Florida street address	(P.O. Box NO	T acceptable)
	Mami	_FL	33196
	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 duttes, and 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)

H22000100592

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBK	Walter H. Varela Pinilla 8925 SW 172nd Ave #1121 Miami, FL 33196
•	
·	
(Use attachment if necessary)	
the date of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after seet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of	of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	40 Jale 3 8
This document is execute	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
constitutes a third degree	felony as provided for in s.817.155, F.S. H VACE A PIOTO TO THE SECOND
	Typed or printed name of signce Filling Fees: anization and Designation of Registered Agent
\$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	Filing Fees: anization and Designation of Registered Agent
\$ 5.00 Certificate of Status (Optional)	