

L22000151974

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H22000130883 3)))



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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 annual report mailings. Enter only one email address please.\*\***

Email Address: WilliamFrancisco@hotmail.es

RECEIVED

2022 APR 11 PM 2:08

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.  
SALAZAR GUTIERREZ TRUCKING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2021 APR 11 PM 8:36  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

(4220001308833)

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SALAZAR GUTIERREZ TRUCKING LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

First Name: WILLIAM (2) Last Names: SALAZAR ESPITIA

Name of Person

SALAZAR GUTIERREZ TRUCKING LLC

Firm/Company

414 NE 5TH ST

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

WILLIAMFRANCISCO@HOTMAIL.ES

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM SALAZAR ESPITIA at ( 786 ) 499-0916

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

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TALLAHASSEE, FL 32303  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

William Salazar Espitia  
414 NE 5th ST  
Hallandale Bch, FL 33009

(Use attachment if necessary)

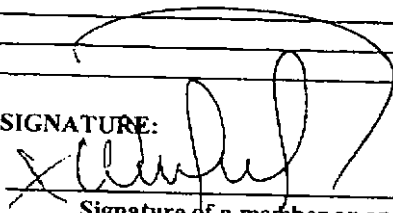
**ARTICLE V:** Effective date, if other than the date of filing: 04/11/2022 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

William Salazar Espitia

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(H220001308833)

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Salazar Gutierrez Trucking LLC  
(Must contain 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:

414 NE 5<sup>th</sup> ST  
Hallandale Bch, FL 33009

## Mailing Address:

414 NE 5<sup>th</sup> ST  
Hallandale Bch, FL 33009

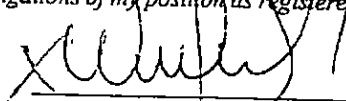
## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(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:

William Salazar Espitia  
Name  
414 NE 5<sup>th</sup> ST  
Florida street address (P.O. Box **NOT** acceptable)  
Hallandale Bch, FL 33009  
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)

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CLERK OF SUPERIOR COURT  
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