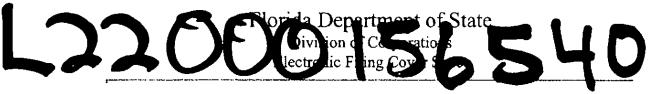
4/13/22, 10:32 AM

Division of Corporations



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.

(((H22000134178 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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I2000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email	Address:			
CMGII	Auuress:			

## FLORIDA LIMITED LIABILITY CO. TDCM TRANSPORT LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LL	MITTED LIABITATY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	• •
TDCM TRANSPORT LLC	
(Must contain the words "Limited Liability Cor	npany, "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:	Mailing Address:
4794 N CITATION DR	
DELRAY BEACH, FL 33445	SAME

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 address of the registered agent are:

Page: 3 of 4

ANTONIO CARLOS	LEITE MARTINS	3
	Name	
4794 N CITATION DI	R	
Florida street address (	P.O. Box NOT as	cceptable)
DELRAY BEACH	FL	33445
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..

/s/ Antonio Carlos Leite Martins
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	ANTONIO CARLOS LEITE MARTINS		
	4794 N CITATION DR DELRAY BEACH, FL 33445		
(Use attachment if necessary)			
LE V: Effective date, if other than the da	te of filing: (OPTIONAL)		
fective date is listed, the date must be a of filing.)	specific and cannot be more than five business days prior to or 90 d		
	t meet the applicable statutory filing requirements, this date will not b		
iment's effective date on the Departmen	it of State's records.		
LE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			

ANTONIO CARLOS LEITE MARTINS

constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

## Fifing 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)