(T)

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.

(((H22000140081 3)))



H220001400813ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED 2Apr i 8 pm 4:32	то:	Division of Corporations Fax Number : (850)617-6381		_
	海道	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 The email address for this business entity to be used for future and report mailings. Enter only one email address please.** It Address:		
MEC 2022 Apr	-	FLORIDA LIMITED LLA HOPE 77 TRUCKI		
7		Certificate of Status	1	
		Certified Copy	0	
	:	Certified Copy Page Count Estimated Charge	0 03 \$130.00	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company,
* 1
Hope 77 trucking LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability
Company is: 2963 SW 21st ST.
Miami F1. 33145
ARTICLE III - Registered Agent, Registered Office:
The manner of the Fig. 11 at the address of the manner of the second of
Company cannot serve as its own Registered Agent. You must designate an individual or another partites with an active Florida registration.)
Table 1 and
Jorge Adalberto Barrientos 75 2
10 rge Adalberto Barrientos PS 20 20 20 20 20 20 20 20 20 20 20 20 20
Man: F1 33145
ARTICLE IV- The name and title of each person authorized to manage and control the Limited
Liability Company:
Lorge Adalberto Barrentos (AMBR)
Jorge Magistrio Camerros (1.

Required Signatures:

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. 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.

Typed or printed name of signee

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 herebyaccept 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 this duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

ered Agent's Signature (REQUIRED)

Page 2 of 2