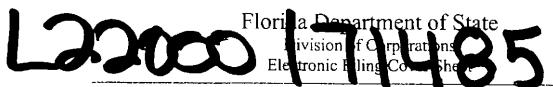
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Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : 120180000033 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.

FLORIDA LIMITED LIABILITY CO. ALIEN EXPRESS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	New Filing Section Division of Corporations	ų.		
SUBJE	ALIEN EXPRESS LLC			
5020		Limited Liability Company		
The enc	losed Articles of Organization and fee(s	s) are submitted for filing.		
Please re	eturn all correspondence concerning thi 2 LOST NAMES	s matter to the following: * PIC-owe ado	i both last	tnames.
	DUNIA RUIZ CASTRO			
		Name of Person		
	ALIEN EXPRESS LLC	l		
		Firm/Company	ZOZI AI	المشيا
	22634 SW 109TH PATH		APR (# **********
		Address	1995 1995 1995 1995 1995	1 1 1
	MIAMI, FL 33170		PH 3:	
	RUIZ.DUNIA@YAHOO.COM	City/State and Zip Code	00 %	•
	E-mail address; (to be u	sed for future annual report notification)		
or furthe	r information concerning this matter, pl	ease call:		
	DUNIA RUIZ CASTRO	786 443-7680		
	Name of Person	Area Code Daytime Telephone Number		
Enclosed	is a check for the following amount:			
≣\$ 125,	00 Filing Fee S130.00 Filing Fee Certificate of Status	e & □\$155.00 Filing Fee & □\$160.00 F Certified Copy Certificate o (additional copy is epclosed) Certified Co (additional cop	f Status & py	
	Mailing Address	Street Address		
	New Filing Section	New Filing Section Division		
	Division of Corporations	The Centre of Tallahassee		
	P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	rananassee, FL 32314	Tallahassce, FL 32303		

A220001484723

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALIEN EXPRESS 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:

Mailing Address:

22634 SW 109TH PATH MIAMI, FL 33170 22634 SW 109TH PATH MIAMI, FL 33170

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:

DUNIA RUIZ CASTRO

Nam-

22634 SW 109TH PATH

Florida street address (P.O. Box NOT acceptable)

<u> MIAMI, FL 33170</u>

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)

2021 MPR 25 PH 3: 00

ARTICLE IV- The name and address of each person at	uthorized to manage and control the Limited Liability Company:		
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: DUNIA RUIZ CASTRO 22634 SW 109TH PATH		
_MGR			
-111-21-1			
	MIAMI, FL 33170		
			
	<u> </u>		
			
			
	· · · · · · · · · · · · · · · · · · ·		
			
(If an effective date is listed, the date must be sp the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.		
ARTICLE VI: Other provisions, if any.			
N/A			
REOURED SIGNATURE:			
This document is execut I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State of follows as provided for in s.847.155, F.S.		
DUNIA RU	 NZ CASTRO		
	Typed or printed name of signee		

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)