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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email	Address:	
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FLORIDA LIMITED LIABILITY CO. PYG TRANSPORT LLC

 Certificate of Status
 1

 Certified Copy
 0

 Page Count
 03

 Estimated Charge
 \$130.00

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WILLANDSSEE PRAGRAM

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
PYG TRANSPORT LLC			
ARTICLE II - Address: The mailing address and street address of the principal Company is:	office of the Limited I	iability	•
28612 SW 147 CT HOMESTEAD FL	<i>3303</i> 3		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the register Company cannot serve as its own Registered Agent. You must designate an Indiv	ed agent are: (The Limite:	l Liability	
PANEL YOAN GOMEZ DOMINGUEZ 20512 GIVEN WILL TO AN GOMEZ DOMINGUEZ			_
28612 SW 147CT HOMESTEAD EL	33033		
ARTICLE IV The name and title of each person authorized to manage Liability Company: (MGR or AMBR)	ge and control the Liv:	ited	
PANEL YOAN GOMEZ POMINGUEZ	(AMBR)	ALL ART	<u> </u>
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Required Signatures:

3052201440

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.

Tavel Yann Gonez Poningue z

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 herely 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 agen; as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)