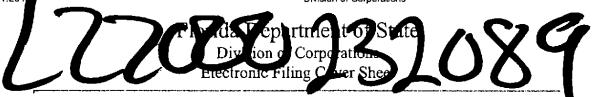
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Division of Corporations



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

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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

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# FLORIDA LIMITED LIABILITY CO. RDG TRUCKING SERVICES LLC

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

RDG TRUCKING SERVICES 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:

13910 SW 268 ST	13910 SW 268 ST	
APT. 107	APT, 107	
HOMESTEAD, FL 33032	HOMESTEAD, FL 33032	

# 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:

PAVEL GONZALE	Z VILLALOBO	
	Name	
13910 SW 268 ST.,	APT 107	
Florida street addres	s (P.O. Box <u>NOT</u> ac	eceptable)
HOMESTEAD	FL	33032
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| Pavel Gonzalez Villalobo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 MAY 27 MM 9: 52

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	PAVEL GONZALEZ VILLALOR 13910 SW 268 ST., APT 107 HOMESTEAD, FL 33032	
(Use attachment if necessary)		
TCLE V: Effective date, if other than the date in effective date is listed, the date must be splate of filing.)  E: If the date inserted in this block does not document's effective date on the Department.	pecific and cannot be more than five but meet the applicable statutory filing requ	isiness days prior to or 90 days afte
ICLE VI: Other provisions, if any.		

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

1st Pavel Gonzalez Villalobo

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.

PAVEL GONZALEZ VILLALOBO

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)

REQUIRED SIGNATURE:

2022 HAY 27 AM Q