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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10:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 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.

Email Address:

STEAM SEED FLORING

FLORIDA LIMITED LIABILITY CO. GIPSON'S FINEST TRUCKING LLC

2 JUN 30 PM 2: 45

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

Electronic Filing Menu

Corporate Filing Menu

Help

2022 JUN 30 AM B: 9

COVER LETTER

| TO: | New Filing Section Division of Corporations | | | |
|-------------|---|-----------|----------------|----------|
| SUBJEC | Cf: GPSON'S FINEST TRUCKING ELC Name of Limited Liability Company | | | |
| The encl | losed Articles of Organization and fee(s) are submitted for filling. | | | |
| Please re | eturn all correspondence concerning this matter to the following: | | | |
| | NATHANIEL GIPSON | 7. | 2022 | |
| | Name of Person | | ָּבָן <u>.</u> | |
| | GIPSON'S FINEST TRUCKING ELC | 5.3 3克 | 2022 JUN 30 | <u> </u> |
| | Firm/Company | | A | に |
| | 5275 NW 29TH AVE APT 505 | に見る | eo | ζ- |
| | Address | ₹. | 52 | |
| | MIAMI, FL 33142 | | | |
| | City/State and Zip Code | | | |
| | CLG5164@YAHOO.COM E-mail address: (to be used for future annual report notification) | | | |
| For further | r information concerning this matter, please call: | | | |
| | | | | |
| | NATHANIEL GUSON at (786) 486-6080 Name of Person Area Code Daytime Telephone Number | | | |
| | , , | | | |
| Enclosed | is a check for the following amount: | | | |
| 昌\$125. | 00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is continuated Copy (additional copy | tus & | | |
| | Mailing Address New Filing Section Street Address New Filing Section Division | | | |
| | Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| GIPSON'S FINEST | TRUCKING LLC | | | | |
|--|---|--|------------|----------------|--------|
| (Must cont | ain the words "Limited Liabil | ity Company, "E.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: | | | | | |
| The mailing address and street a | ddress of the principal office of | of the Limited Liability Company is: | | | |
| Princip | al Office Address: | Mailing Address: | | | |
| 5275 NW 29TH AV | E APT 505 | 5275 NW 29TH AVE APT 505 | : , | 20 | |
| MIAMI, FL 33142 | 1 | MIAMI, FL 33142 | | 22 | |
| ARTICLE III - Registered Age The Limited Liability Company another business entity with an a | cannot serve as its own Regis | gistered Agent's Signature: stered Agent. You must designate an individual or | HASSIL, FI | 2022 JUN 30 AM | r r |
| The name and the Florida street | address of the registered agent | Lare; | 0300 | œ | C |
| | NATHANIEL GIPSON | | ₹ | 52 | |
| | Nati | С | | | |
| | 5275 NW 29TH AVE APT | 1505 | | | |
| | Florida street address (P.O | . Box NOT acceptable) | | | |
| | N 43 N N 41 | 22140 | | | |

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

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

| Title: | Name and Address: | |
|--|--|-----------------|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager | | |
| AMBR | NATHANIEL GIPSON | |
| | 5275 NW 29TH AVE APT 505 | |
| , | MIAMI, F1. 33142 | |
| AMBR | | |
| | CAROL GIPSON | |
| | 5275 WW. 29111 AVE APT 505 | (|
| | MIAMI, FL 33142 | |
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| ctive dute is listed, the date must be (filling.) | e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b | |
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