

# L22000306673

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
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: LAUZANDANTELO@ICLOUD.COM

FLORIDA LIMITED LIABILITY CO.  
SARRIA'S EXPRESS LINE LLC

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

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Corporate Filing Menu

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CORPORATIONS  
COMMERCIAL  
SERVICES

COVER LETTER

Handwritten: H22002352

TO: New Filing Section  
Division of Corporations

SUBJECT: SARRIA'S EXPRESS LINE LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

2 Last Names  
IDELISA SARRIA ESTRADA  
Name of Person

SARRIA'S EXPRESS LINE LLC  
Firm/Company

7291 W 24TH AVE APT 165  
Address

HIALEAH, FL 33016  
City/State and Zip Code

LAUZANDANIEL@ICLOUD.COM  
E-mail address: (to be used for future annual report notification)

2023 JUL 11 AM 2:34

For further information concerning this matter, please call:

IDELISA SARRIA ESTRADA at ( 786 ) 710-9827  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

NO. 1007  
# 220002352

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**SARRIA'S EXPRESS LINE 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:

7291 W 24TH AVE APT 165  
HALEAH, FL 33016

7291 W 24TH AVE APT 165  
HALEAH, FL 33016

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:

IDELISA SARRIA ESTRADA

Name

7291 W 24TH AVE APT 165

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

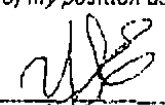
HALEAH      FL      33016

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.*

X   
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

2023 JUL 11 AM 2:31

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>IDELISA SARRIA ESTRADA</u>
	<u>7291 W 24TH AVE APT 165</u>
	<u>MIAMI BEACH, FL 33136</u>

(Use attachment if necessary)

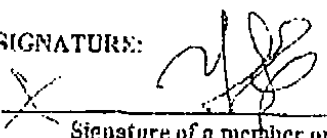
**ARTICLE V:** Effective date, if other than the date of filing: 07-11-2022 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.  
N/A

2022 JUL 11 AM 2:34

**REQUIRED SIGNATURE:**



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

IDELISA SARRIA ESTRADA

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)