L2 Eb d le attrens la ta 6543 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 : 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.

Email Address:

FLORIDA LIMITED LIABILITY CO.
BEYSA TRANSPORT LLC

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

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H220002430243

TO:	New Filing Section
	Division of Cornorations

SUBJECT: BEYSA TRANSPORT 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: GLORIA MARTINEZ BEIL Name of Person BEYSA TRANSPORT LLC Firm/Company 20101 SW 118TH AVE Address MIAMI, FL 33177 City/State and Zip Code GLORIAMBEHAR@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GLORIA MARTINEZ BEHAR at (786) 715-1978 Name of Person

Enclosed is a check for the following amount:

■\$125.00 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 Taliahassec, FL 32314 Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

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:

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

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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Gloria Martinez Behar 20101 SN 118th Ave Miami FLZ	3317	7
AMBR	ARGENIS SANTOS 20101 SW 118th Aug Miamitel 3		
		- , -	
		- -	
and the control of th	pecific and cannot be more than five business days prior to or 90		
ARTICLE VI: Other provisions, if any.) 	
REQUIRED SIGNATURE:		11 2:18	1 4 f

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)