Division of Corporations **Electronic Filing Cover Sheet** 

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.

(((H22000275747 3)))



H220002757473ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

8/15/27Aug. 15. 2022 2:26PM

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.\*\*

# FLORIDA LIMITED LIABILITY CO. **FPF TRANSPORT LLC**

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

Electronic Filing Menu Corporate Filing Menu

Help



#### COVER LETTER

TO:	New Filing Sec Division of Co				
empr		SPORT LLC			
SUBJ		Name of Lim	ited Lisbili	у Сотрапу	<u> </u>
The en	closed Articles of	Organization and fcc(s) are	submitted	for filing.	
Please	return all corresp	ondence concerning this ma	Her to the fi	ollowing:	
	Ist name: Fl	REDDY (2) Last Names:	PEREZ FA	ARINAS	
			Name of	Person	
	FPF TRAN	SPORT LLC			
			Firm/Cor	nbunà	
	30 W 56TH	ST			
			Addro	ess	
	FRALEAH,	FL 33012			
	PPTRANSF	Ci ORT83@GMAIL.COM	ty/State and	l Zip Code	
		E-mail address: (to be used	for future a	annal report notificat	ion)
or furth	er information co	ncerning this matter, please	call:		
	FREDDY P	EREZ FARINAS 62	3	312-9783	
				Daytime Telephon	
Enclos	ed is a check for t	he following amount:			
圖\$12:	5.00 Filing Fee	CI\$130,00 Filing Fee & Certificate of Starus	Certifi€	.00 Filing Fee & .d Copy Loopy is enclosed)	III\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Add <u>ress</u>	<u> </u>	Street Address	

New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	DT	ICI	17	۱.	Noi	ימונו
-	14 1	14 .I	ar. I	•	112	uu.

The name of the Limited Liability Company is:

### **FPF TRANSPORT LLC**

(Must conatin 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:

30 W 56TH ST HIALEAH, FL 33012 30 W 56TH ST HIALEAH, FL 33012

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;

FREDDY PEREZ FARINAS

Name

30 W 56TH ST

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

HIALEAH

FI

33012

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.

ogistored Agent's Signature (REQUIRED)

(CONTINUED)

22 AUS 15 PH 12: 35

Title: "AMBR" ← Authorized Member "MGR" = Manager	Name and Address:	
AMBR	FREDDY PEREZ FARINAS	<del></del>
•	30 W 567H ST HIALEAH, FL 33012	-
		, <u>.</u>
		_
-		_· _
		<del></del>
		_
		<del>-</del> -
(Use attachment if necessary)		
ICLEV: Effective date if other than the date	c of filing: 08-15-2022 (OPTIONAL)	
ICLEV: Effective date, if other than the date a effective date is listed, the date must be spate of filling.)	sective and caught be more than five business days prior to or 90	
ICLEV: Effective date, if other than the date a effective date is listed, the date must be spate of filling.)	meet the applicable statutory filing requirements at least a collection	
ICLEV: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not recument's effective date on the Department ICLE VI: Other provisions, if any	meet the applicable statutory filing requirements at least a collection	
ICLEV: Effective date, if other than the date a effective date is listed, the date must be spate of filing.) If the date inserted in this block does not recomment's effective date on the Department	meet the applicable statutory filing requirements at least a collection	
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filling.)  If the date inserted in this block does not recument's effective date on the Department ICLE VI: Other provisions, if any,	meet the applicable statutory filing requirements at least a collection	
ICLEV: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not recument's effective date on the Department ICLEVI: Other provisions, if any,	meet the applicable statutory filing requirements at least a collection	
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not recomment's effective date on the Department ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE	meet the applicable statutory filing requirements, this date will not of State's records.	
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not recomment's effective date on the Department ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document's executions.	meet the applicable statutory filing requirements, this date will not of State's records.  The state of an authorized representative of a member.	
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not recomment's effective date on the Department ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document's execution was a second and water that any false.	meet the applicable statutory filing requirements, this date will not of State's records.  The state of a member o	t bo listed
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not recument's effective date on the Department ICLE VI: Other provisions, if any.  REOLIRED SIGNATURE  Signature of a me This document's execut I am aware that any false constitutes a third degree	meet the applicable statutory filing requirements, this date will not of State's records.  State's records.  The property of a member of a	t be listed
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not recument's effective date on the Department ICLE VI: Other provisions, if any.  REOLIRED SIGNATURE  Signature of a me This document's execut I am aware that any false constitutes a third degree	meet the applicable statutory filing requirements, this date will not of State's records.  The state of a member o	t bo listed
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not recument's effective date on the Department occument's effective date on the Department ICLE VI: Other provisions, if any.  REOLITED SIGNATURE  Signature of a me This document's execut I am aware that any false constitutes a third degree  FREDDY PER	meet the applicable statutory filing requirements, this date will not of State's records.  The property of an authorized representative of a member.  It is not accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State of Felony as provided for in s.817.155, F.S.  REZ FARINAS  Typed or printed name of signee	t be listed
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not recomment's effective date on the Department occument's effective date on the Department ICLE VI: Other provisions, if any.  REOLITED SIGNATURE  Signature of a me This document's execut I am aware that any false constitutes a third degree  FREDDY PER	meet the applicable statutory filing requirements, this date will not of State's records.  The property of an authorized representative of a member. The property of the provided for in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State in fellows as provided for in s.817.155, F.S.	22 AUG I