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 : (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. WHITE LION TRUCKING LLC

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

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COVER LETTER

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SUBJECT:	WHITE L	ION TRUCKING LLC			
		Name of	Limited Liabi	lity Company	
The encloses	d Articles of	Organization and fcc(s)) are submitte	d for filing.	
Please return	all corresp	ondence concerning this	matter to the	following:	
	lst Name: /	ALBERTO (2) Last Ne	nmes: ALON	SO IGLESIAS	
		(2) 2031 10		f Purson	
	WHITE LIC	ON TRUCKING LLC			
-			Firm/Co	ompany	
_	5942 W 181	'H C'I'			
			۸dd	ress	
_	IIIALEAN.	FL 33012			
_			City/State a		
_^		LONSO0311@GMAII.			
		E-mail address: (to be us	sed for future	annual report notificat	tion)
For further inf	formation co	neeming this matter, ple	nse call:		
<u> </u>	Alberto Alor	iso Iglesias nt	(305	898-9327	
	Non	e of Person	Area Code	Daytime Telephor	ne Number
Enclosed is a	a check for t	he following amount:			
■\$125.00 F	filing Fee	☐\$130.00 Filing Fee Certificate of Status	Certif	5.00 Filing Fue & ied Copy ral copy is enclosed)	Certificate of Status & Certificate Copy
					(additional copy is enclosed) \$5
		g Address		Street Address	
	New F	iling Section		New Filing Section D	(VISION)

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

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

White Lion Trucking 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:

5942 W. 18th Ct 5942 W 18th Ct Higleah, 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:

| Alored Alored

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, P.S..

State

Registered Agent's Signature (REQUIRED)

7.ip

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	4.3. T
NAND Y	Alherta Alonso Inlegias
- CHATTO	5010 101 1244 AL SIMS
	M47 M 18 M Ct
	Hialeah FL 33012
	Hialeah, FL 33012
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(Use attachment if necessary)	
ICLE V: Effective date, if other than the d	late of filing: 08 25 2022 (OPTIONAL)
	e specific and cannot be more than five business days prior to or 90 days aft
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	of meet the applicable statutory filing requirements, this date will not be listed
ocument's effective date on the Departme	ent of State's records.
CLE VI: Other provisions, if any.	
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DECUMED SICK TURB	
REQUIRED SIGNATURE	ar ··
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Signature of a	member or an authorized representative of a member.
This document is exc	
	cented in accordance with section 605,0203 (1) (b), Plorida Statules.
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