9/7/22, 11:19 AM

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Division of Corporations



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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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. A.J.L.D TRANSPORT LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|-------------------------------------|
| A.J.L.D TRANSPORT LLC | |
| (Must contain the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of | f the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 18135 NW 81 CT | SAME |
| HALEAIL FL 33015 | |
| ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.) The name and the Florida street address of the registered agent <u>LLOYD DOMINGUEZ</u> Name | are: |
| Itan | ~ |

18135 NW 81 CT

City

HIALEAH

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..

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

/s/ Lloyd Domingusz
Registered Agent's Signature (REQUIRED)

33015

Zip

(CONTINUED)

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| the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records. EVI: Other provisions, if any. REQUIRED SIGNATURE: A Lloy Domingues | Title: | | Name and Address: |
|--|---|--|---|
| AMBR LLOYD DOMINGUEZ 1813 NW 81 CT HIALEAH, FL 33015 EV: Effective date, if other than the date of filing: | | | |
| Use attachment if necessary) E.V: Effective date, if other than the date of filing: | "MGR" = Man | ager | |
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| CV: Effective date, if other than the date of filing: | | | |
| EV: Effective date, if other than the date of filing: | | | |
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| CV: Effective date, if other than the date of filing: | | | |
| EV: Effective date, if other than the date of filing: | | | |
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) SEP - 7 AM 7: LE

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