

Oct 4, 2022 2:06PM  
H22000427808

No. 2603 P. 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**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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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: readyprologistics@gmail.com

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FLORIDA LIMITED LIABILITY CO.

ALVA & SONS TRUCKING LLC

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

2022/05/14 PH 3:31

22 OCT - 4 PH 12:35  
SEARCHED INDEXED SERIALIZED FILED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Oct. 4, 2022 2:06PM.

H 22 No. 25034 P. 2473

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ALVA & SONS TRUCKING 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:

First name: ABRAHAM (2) Last Names: ALVAREZ FAJARDO  
Name of Person

ALVA & SONS TRUCKING LLC

Business Firm/Company

6950 NW 173RD DR APT 2202

### Address

HIALEAH, FL 33015

**City/State and Zip Code**

READYPROLOGISTICS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abraham Alvarez Fajardo at (305) 795-4789

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, N  
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 32305

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Oct. 4 2022 2:07PM

H2200034049D3  
No. 26034P.3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**ALVA & SONS 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:

Principal Office Address:

6950 NW 173RD DR PT 2202  
HIALEAH, FL 33015

Mailing Address:

6950 NW 173RD DR PT 2202  
HIALEAH, FL 33015

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:

**ABRAHAM ALVAREZ FAJARDO**

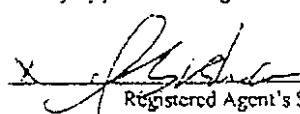
Name  
6950 NW 173RD DR APT 2202

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

HIALEAH, FL 33015

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)

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MAY 2014  
TALLAHASSEE, FLORIDA

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File No. 2603 Doc. 40497

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

AMBR

**Name and Address:**

ABRAHAM ALVAREZ FAJARDO  
6950 NW 173RD DR APT 2202  
HIALEAH, FL 33015

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing 10-04-2022 (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.)

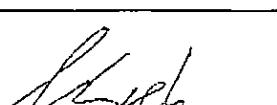
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**

X

  
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.

ABRAHAM ALVAREZ FAJARDO

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)

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[REDACTED]  
ALLAHASSEE, FLORIDA

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[REDACTED]