

10/14/2022 3:55PM

Division of Corporations

No. 2870 P. 1

C22000443578

Florida Department of State

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.

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H220003540213ABCT

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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:

STEVEN@lostfinancial.com

FLORIDA LIMITED LIABILITY CO.

MAIDID LLC

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

2022 OCT 14 PM 4:19

22 OCT 14 PM 12:35

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H22000 No. 2870 P. 213

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: MAIDID 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:

Steven Zamorano

Name of Person

CBS Financial CPA PA

Firm/Company

6075 W Commercial Blvd

Address

Tamarac, FL 33319

City/State and Zip Code

Steven@cbsfinancialcpa.com

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

For further information concerning this matter, please call:

Steven Zamorano at (954) 724-4141
Name of Person Area Code Daytime Telephone Number

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,
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 32303

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#22000554043

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAIDID 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:

4712 NW 94th CT

Doral FL 33178

Mailing Address:

4712 NW 94th CT,

Doral FL 33178

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:

Daniel Marty

Name

4712 NW 94th CT

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

Doral

FL

33178

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..

Daniel Marty

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

Daniel A. Marty
4712 NW 94th CT
Doral FL 33178

MGRM

Irene A. Trakalo
4712 NW 94th CT
Doral FL 33178

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing 10/14/2022 (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.

NONE

REQUIRED SIGNATURE:

Daniel A. Marty

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.

Daniel Marty

Typed or printed name of signor

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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