

L22000460900

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
VOLCARGO LOGISTICS, LLC**

Certificate of Status	1
Certified Copy	0
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2nd Request

Electronic Filing Menu

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Help

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8

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:****VOLCARGO LOGISTICS, LLC****ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2500 NW 79th Ave Suite 179
Doral, FL 33122

Mailing Address:

2500 NW 79th Ave
Doral, FL 33122

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:

Claudia Patricia Lopez Marin

Name

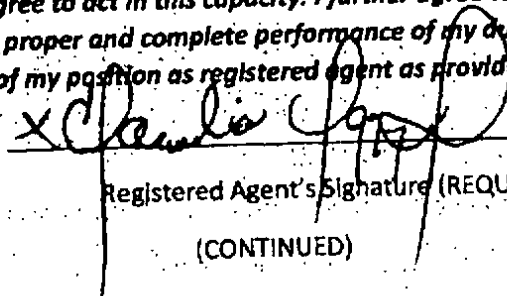
2500 NW 79th Ave Suite 179

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

Doral, FL 33122

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 provide for in chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(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

AMBR

Claudla Patricia Lopez Marin

2500 NW 79th Ave Suite 179

Doral, FL 33122

AMBR

Yuliana Ocampo Agudelo

2500 NW 79th Ave Suite 179

Doral, FL 33122

AMBR

Beatriz Elena Velasquez Arboleda

2500 NW 79th Ave Suite 179

Doral, FL 33122

AMBR

Lilliana Maria Lopez Marin

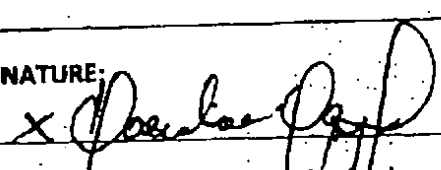
2500 NW 79th Ave Suite 179

Doral, FL 33122

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:


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.