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FLORIDA LIMITED LIABILITY CO.
VOLCARGO LOGISTICS, LLC

Certificate of Status	1
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2nd Request

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION FOR FLORIDA LILMITED 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:	**Mailing Address:**
2500 NW 79th Ave Suite 179	2500 NW 79th Ave
Doral, FL. 33122	**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.

X Claudia Lopez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV –

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

Title:	**Name and Address:**
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Claudia 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	Liliana Maria Lopez Marin 2500 NW 79th Ave Suite 179 Doral, FL. 33122

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

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.