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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

FLORIDA LIMITED LIABILITY CO. LA FAMILIA AUTO TRANSPORT LLC

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

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r Nov. 2.2022 4:38PM

COVER LETTER

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

SUBJECT:	LA FAMILIA AUTO TRANSPORT LLC
	Name of Limited Liability Company

First	Name: GERARDO (2)	Last Names: BL.	ANCO PERAZA	
		Nun	ne of Person	
LA F	AMILIA AUTO TRAÌ	NSPORT LLC		
		Fire	n/Company	
26700	ISW 142ND AVE AP	T 106		
		1	Address	
HOM	ESTEAD, FL 33032			
		City/Sta	te and Zip Code	
GBTR	UCK17@YAHOO.CO			26
	E-mail address: (to be used for fut	ure annual report notification)	221
For further information	ion concerning this ma	atter, please call:		2022 119V -2 AM IC
Gerard	lo Blanco Peraza	at (305) 506-5830	_ 25 A
			de Daytime Telephone Number	To '

Certificate of Status

Certified Copy (additional copy is enclosed)

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

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H2003,38413 H22003713913

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

La Familia Auto Transport 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:

26700 SW 142nd Ave #106 26700 SW 142nd Ave #106 Homestead, FL 33032 Homestead, FL 33032

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:

26700 SW 142nd Ave#106

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

Homestead, FL 33032

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)

(CONTINUED)

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

Title: "AMBR" - Authorized Member	Name and Address:
"MGR" - Manager AMBR	Gerardo Blanco Peraza 26700 SM 142nd Ave#106 Homestead, FL 33032
the date of filing.)	e specific and cannot be more than live business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
This document is ex I am aware that any	a member or an authorized representative of a member. tecuted in accordance with section 605.0203 (1) (b), I'lorida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.

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)