Electronic Filing Cover Sheet

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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.

FLORIDA LIMITED LIABILITY CO. 1566 LOCKWOOD DR LLC

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

COVER LETTER *

TO: New Filing Section
Division of Corporations

SUBJECT: 1566 Lockwood Dr LLC

Name of Limited Liability Company

The enclosed Articles of Organization and Icc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Zamo	rano			
		Name of	l'erson	
CBS Financia	al CPA PA			
		Firm/Co	mpany	
6075 W Com	mercial Blvd			
		Addr	CSS	
Tamarac, FL	33319			
		City/State an	d Zip Code	· .
Steven@cbsfi	nancialepa.com	•		•
	E-mail address: (to be use	d for future a	nnual report notificati	on)
For further information col	ncerning this matter, plea	se call:		
Steven Zamo	runo S)54	7244141	ŗ
Nam	e of Person	Arca Code	Daytime Telephon	e Number
Enclosed is a check for the	he following amount:			
≝\$125.00 Filing Fec	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy ol copy is enclosed)	L1\$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, PL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

16// 1 == 1	4 D., () C			
1566 Lockwood	t contain the words "Limited.	Liability Company.	"L.L.C" or "LLC.")	
•		,		
ARTICLE II - Address: The mailing address and st	rect address of the principal o	flice of the Limited	Liability Company is:	
<u>!'r</u>	incipal Office Address:		Mailing Address:	
12200 NW 30t	1 Street	1220	00 NW 30th Street	
Coral Springs,		Cora	ol Springs, FL 33065	_
48			·	
ARTICLE III - Registere	d Agent Declarand Office	P. Harristanad Arra	nt) c Signatura	
	u Agent, Registereu Office,	& Registered Agei	ne 2 pignarni e:	
(The Limited Liability Con	apany cannot serve as its own	Registered Agent.	You must designate an individual or	
(The Limited Liability Con		Registered Agent.		
(The Limited Liability Con another business entity with	npany cannot serve as its own h an active Florida registratio	Registered Agent. on.)		
(The Limited Liability Con another business entity with	apany cannot serve as its own than active Florida registrations received address of the registered	Registered Agent. on.)		
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(The Limited Liability Con another business entity with	apany cannot serve as its own the an active l'Horida registration rect address of the registered Melvin Montesino	Registered Agent. on.) dagent are: Name		
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(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		
MGRM	Mclvin Montesino	
	12200 NW 30th Street	
	Coral Springs, FL 33065	
(Use attachment if necessary)	ulaniana	
ARTICLE V: Effective date, if other than the date of	filing: (103/2024 (OPTIONAL)	
	fic and cannot be more than five business days prior to or 90 c	days after
the date of filing.)	de and cannot be more than the basiness had being to be	- `
Note: If the date inserted in this block does not mee	et the applicable statutory filing requirements, this date will not	be listed as
the document's effective date on the Department of		•:
·		'
ARTICLE VI; Other provisions, if any.	Λ.Λ.Ν	,
		<u></u>
		
		-
<i>1</i> ·		
REQUIRED SIGNATURE	1///	23
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- M ()	Philadelphia (Control of the Control	
Signature of a mem	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.	
Lam alware that any falce in	iformation submitted in a document to the Department of State	
constitutes a third degree fe	elony as provided for in s.817.155, F.S.	
	•	
Melvin Montesino		
•	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)