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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Account Name : ARMANDO TAXES LLC Account Number : I20200000170 Phone : (305)803-4427

Fax Number : (305)402-6230

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: armando Warmando taxes com

FLORIDA LIMITED LIABILITY CO. JDN TRANSPORT LOGISTICS LLC

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Page Count	04
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COVER LETTER

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SUBJECT		SPORT LOGIST	ICS LLC					
SOBJEC	· ·	Nam	e of Limited Lia	ibility Company				
The enclos	sed Articles of	Organization and t	ee(s) are submi	ted for filing.				
Please ren	um all correspo	ondence concerning	this matter to t	he following:				
	ARMANDO	VASQUEZ						
			Name	of Person			_	
	ARMANDO	TAXES LLC						
			Firm	/Company			-	
	5721 NW 11	2TH AVE APT 10	08					
			A	ddress			_	
	DORAL, FL	. 33178						
	ARMANDO@	@ARMANDOTA)	=	and Zip Code	<u> </u>		-	
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For further	information co	ncerning this matte	r. please call:					
	ARMANDO	VASQUEZ	305 _at (803-4427				
	Nam	e of Person	Area Cod	Daytime Telephon	e Number			
Enclosed :	is a check for th	ne following amou	ıt:			320	N	
≣8125.00	O Filing Fee	□\$130.00 Filing Certificate of St	itus Cer	S155.00 Filing Fee & miffed Copy is enclosed)	□\$160.00 Certificate Certified C (additional co	of Status & opy. : opy is encl	(p889)	. : :
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE 1 - Name:

The name of the Limited Liability Company is:

JDN TRANSPORT LOGISTICS 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:	Mailing Address:
12950 SW 127TH AVE APT 305	12950 SW 127TH AVE APT 305
MIAMI, FL 33186	MIAMI, FL 33186

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:

JOSE G., MALAFARINA Name 12950 SW 127TH AVE APT 305 Florida street address (P.O. Box NOT acceptable) MIAMI City State

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 (REOUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	22 <i>000</i> 3 ⁶	1001
AMBR	DANIUSKA J., GOMEZ MENESES 12950 SW 127TH AVE APT 305 MIAMI, FL 33186		
<u>AMBR</u>	JOSE G., MALAFARINA 12950 SW 127TH AVE APT 305 MIAMI, FL 33186		
MGR	JOSE N. GOMEZ HERNANDEZ 12950 SW 127TH AVE APT 305 MIAMI, FL 33186		
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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)