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Division of Corporations
Fax Number : (850)617-6301

7-0531

Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : 120180000033
Phone : (305)605-3516
Fax Number : (305)887-5611

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

Email Address:

U.S. GOVERNMENT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 JAN 17 AM 10:20

1. The first part of the document is a header section containing the following information:

FLORIDA LIMITED LIABILITY CO.

DR PEDRITO LLC

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

T. SCOTT

JAN 18 2023

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SUBJECT: DR PEDRITO LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DR PEDRITO 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:8500 NW 30TH TERDORAL, FL 331228500 NW 30TH TERDORAL, 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:

JORGE FLORES

Name

8500 NW 30TH TERFlorida street address (P.O. Box NOT acceptable)DORAL

City

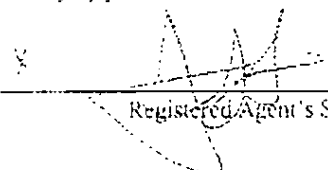
FL

State

33122

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 provided for in Chapter 605, F.S.



 Registered Agent's Signature (REQUIRED)

(CONTINUED)

 DIVISION OF
 CORPORATIONS
 TALLAHASSEE, FLORIDA

2023 JAN 17 AM 10:20

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

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AMBR

PEDRO TORRES

8500 NW 30TH TER

DORAL FL 33122

AMBR

AHELARDO ACHIKAR

8500 NW 30TH TER

DORAL FL 33122

AMBR

JORGE FLORES

8500 NW 30TH TER

DORAL FL 33122

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Jorge Flores

Typed or printed name of signer

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)