# nem of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : 120180000033 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 smail address please.\*\*

# FLORIDA LIMITED LIABILITY CO. JUAN FERNANDEZ TRUCKING LLC

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

TO:

## COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT: JUAN 1	PERNANDEZ TRUCKING		
	Name of Lir	mited Liability Company	
The enclosed Articles of	f Organization and fee(s) ac	e submitted for fifing.	
Please return all corresp	andence concerning this ma	atter to the following:	
JUAN CAR	LOS LABRADOR		
		Name of Person	
JUAN C FE	ERNANDEZ TRUCKING I		
		Fign/Company	
2902 ALAE	BAMA ST		***
		Address	
WEST PAL	M BEACH, FL 33406		
CADLONIA		ity/State and Zip Code	
	BRADORI@GMAIL.COM	for future annual report notificat	
	is-inan address, (to de asea	for future annual report notinear	1015)
For further information co	ncerning this matter, please	e call:	
JUAN C LA	BRADOR at (50	51 <u>291-2169</u>	
Nam		rea Code Daytime Telephor	
Enclosed is a check for t	he following amount:		
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailin</u>	og Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMIT ED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### JUAN FERNANDEZ TRUCKING 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:

Frincipal Office Adapess:	Mading Address:	
2902 ALABAMA ST	2902 ALABAMA ST	
W. PALM BEACH, FL 33406	W. PALM BEACH, FL 33406	
•		

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:

	Name	
2902 ALABAMA ST		
Florida street address	(P.O. Box <u>NOT</u> ac	reeptable)
W PALM BEACH	FI.	33406
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 provided for in Chapter 605, F.S...

Registered Agent's Signature (REQUIRED)

(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	
AMBR	JUAN CARLOS LABRADOR
	2902 ALABAMA ST W. PALM BEACH, Ft. 33406
	17 . 1 / 2
(Use attachment ill necessary)	
A STATE OF THE STA	Assemble State (Control of Control of Contro
ARTICIAN VI Effective date, it offer than the	date of filing: 02/03/2023, (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	e specific and cannot be more than by the mess hays prior to be 70 days are
Note: If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be listed.
the document's effective date on the Departm	
ARTICLE VI; Other provisions, if any.	
N/A	
REQUIRED SIGNATURE	
(A) (M) (h) (**)	manus t
Signature of	a member or an authorized representative of a member.
This document is en	Recuted in accordance with section 605.0203 (1) (b), Florida Statutes.  Salse information submitted in a document to the Department of State
constitutes a third d	egree felony as provided for in 8.817.155. F.S.
CONTINUE DE CONTIN	ACT COLONY OF THE COMMISSION OF THE COLONY O
JUAN CARI	LOS LABRADOR
	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)