

L23000080452

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H230000654013)))



H230000654013ARCV

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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 email address please.

Email Address: banda079@aol.com

FLORIDA LIMITED LIABILITY CO.

JAILENE K TRANSPORT LLC

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

11:12:17

2023

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PM 4:04

FILED

Feb. 20, 2023 10:59AM

Ac. 7262 P. 2
H230((116)84013

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JAILENEK TRANSPORT LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

EDGAR G. OBANDO
Name of Person

JAILENEK TRANSPORT LLC
Firm/Company

3650 NW 36TH ST APT 906
Address

MIAMI, FL 33142
City/State and Zip Code

OBANDAO079@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDGAR G. OBANDO at (305) 804-7396
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

Feb. 20, 2023 10:59AM

H2 No. 7262 P. 3 401.3

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

Edgar Obando

3650 NW 36 St Apt 906

Miami, FL 33142

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/20/2023 (OPTIONAL)

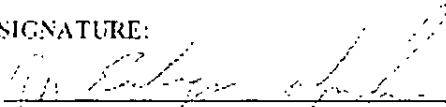
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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:

N/A

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.

Edgar Obando

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)

Fri, 20, 2023 10:59AM

HD No. 7262-4
2000054/113

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jailene K 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>3650 NW 36 St Apt 906</u>	<u>3650 NW 36 St Apt 906</u>
<u>MIAMI FL 33142</u>	<u>MIAMI FL 33142</u>

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:

Edgar Obando
Name
3650 NW 36 St Apt 906
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33142
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.,

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)