

2/28/23, 2:15 PM

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
JJ BANOS TRUCKING LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

U BANOS 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

Principal Office Address:

Mailing Address:

416 ADRIEL AVE

416 ADRIEL AVE

WINTER HAVEN, FL 33880

WINTER HAVEN, FL 33880

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: ***JOSE A. BANOS***

416 ADRIEL AVE

WINTER HAVEN, FL 33880

FILED
1999 FEB 28 AM 3:01
CLERK OF DISTRICT COURT
JANUARY 2023, FL

Florida street address (P.O. Box NOT acceptable)

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)

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

Title: Name and Address: "AiMBR" = Authorized Member "MGR" = Manager

MGR: JOSE A. BANOS

416 ADRIEL AVE

WINTER HAVEN, FL 33880

MGR: JOSE F. BANOS

416 ADRIEL AVE

WINTER HAVEN, FL 33880

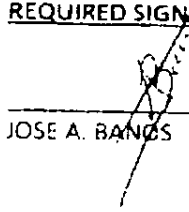
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing. 02/27/23 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:


JOSE A. BANOS

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.

FILED
FEB 28 11:30 AM
TALLAHASSEE, FL
CLERK OF STATE