Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email Address:_

FLORIDA LIMITED LIABILITY CO. **AUSTRAL TRANSPORT LLC**

Certificate of Status	1
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Austral Trunsport LCC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
1325 NW 93 CF
Suite BIII
Doral 171 33172
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an Individual or another business entity: What an active Florida registration.) Nector A. NOVOA 1325 NW 93cf Swife BIII Doral, Fl 33172
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Nestor A NOVOG (AMBR)
Milggros T Rujano (AMBR)

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts state! herein are true. I am aware that any false information submitted in a document to the Depa tment of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nestra Nove Company at the place designated in this certificate, I hereiny accept the appointment as registered agent and agree to act in this capacity. If 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, FS.