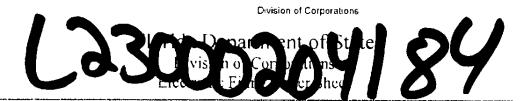
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(((H23000152432 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 : (718)504-7890 Fax Number

\*\*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. DELATORRE TRANSPORTATION LLC

Certificate of Status	Ü
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H23000152432 3)))

### ARTICLES OF ORGANIZATION FOR ITLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Delatorre Transportation 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:

 14955 SW 75 Terrace
 14955 SW 75 Terrace

 Miami, Florida 33193
 Miami, Florida 33193

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:

Delfo Delatorre

Name

13241 SW 105 Street

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

Miami Florida 33186
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)

(((H23000152432 3)))

To:

## (((H23000152432 3)))

17183041175

<u>Title:</u> "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	
AMBR	Janelle Delatorre
	14955 2M 15 Lettace
	Miami, Florida 33193
MGR	Devin Delatorre
	14955 SW 75 Terrace
	Miami. Florida 33193
E V: Effective date, if other the ctive date is listed, the date in filling.)	n the date of filing:
ective date is listed, the date $\pi$ of filing.)	ust he specific and cannot be more than five husiness days prior to or 90 d loes not meet the applicable statutory filing requirements, this date will not b
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