# No. 7604 orida Department o

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033

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.\*\*

# FLORIDA LIMITED LIABILITY CO. HELLO INMIGRANTE LLC

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

## COVER LETTER

	ew Filing So lvision of Co	ection orporations				
SUBJECT	Hello Inn	nigrante LLC				
*********		Name o	f Limi	ited Liability Company		າ 2
					The second second	023 
The enclos	ed Articles o	f Organization and fee(	s) are	submitted for filling.		
Please retu	m all corresc	ondence concerning th	is mat	ter to the following:		2023 HAY III
				nor to the following.	က် က	`
	ABELARD	O ACHKAR			m.	PR
				Name of Person	-1-3	2: 33
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		······				
				Firm/Company		
	8500 NW 3	OTH TER				
				Address		
	DORAL, FI	L 33122				
			Cit	y/State and Zip Code		
t -	bs.doral@gr	<del></del>		·····		
		E-mail address: (to be t	ised f	or future annual report notificat	ion)	
For further in	formation co	oncerning this matter, p	lease o	call:		
	abelardo ach		954	9977268		
-	Nan	at of Person	(	a Code Dayrime Telephon	e Number	
				a code Dayinic releption	e ivaniboi	
Enclosed is	a check for t	he following amount:				
<b>⊠\$</b> 125.00	Filing Fee	□\$130.00 Filing Fe	e &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,	
		Certificate of Status		Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
				(additional copy is citclosed)	(additional copy is enclose	ed)
	<u>Mailir</u>	12 Address		Street Address		
	New F	iling Section		New Filing Section Di	ivision	

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

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

### ARTICLES OF ORCANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Hello hunigrante LLC		
(Must contain the words "Limited Linh	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8500 nw 30th ter doraf II 33122	8500 nw 30th ter doral fl 33122	
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	egistered Agent's Signature: sistered Agent. You must designate an individual or	
The name and the Florida street address of the registered age	m are:	門補
ABELARDO ACHKAR		NANAZ
Na	une	SS
8500 NW 30TH TER		0 <del>-</del> 5 الم
Florida street address (P.	O. Box NOT acceptable)	- 55

Itaving 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..

DORAL

City

Registered Agent's Signature (REQUIRED

33122

Zip

(CONTINUED)

ARTICLE IV-

<u>Title:</u> "AMBR" = Authorized Membe "MGR" = Manager	Name and Address;	
MGR	EFRAIN ACHKAR 8500 NW 30TH TER DORAL FL 3312?	
MGR	NAKITA LAURENS 8500 NW 30TH TER DORAL FL 33122	2023 HA)
MGR	ABELARDO ACHKAR 8500 NW 30TH TER DORAL FL 33122	ARY OF STANGES FOR
		<u> </u>
the date of filing.)	ust be specific and cannot be more than five business locs not meet the applicable statutory filing requireme	
ARTICLE VI: Other provisions, if any, ANY AND ALL LAWFUL BUSINESS		
REQUIRED SIGNATURE:	Alalland Achkan	
This document I am aware that	e of a member or an authorized representative of a is executed in accordance with section 605.0203 (1) (I any false information submitted in a document to the I rd degree felony as provided for in s.817.155, F.S.	b). Florida Statutes.
ABELA	RDO ACHKAR Typed or printed name of signee	<del></del>

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)