Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

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Account Number : I20000000019
Phone : (305)552-5973
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FLORIDA LIMITED LIABILITY CO. NIKI & MIA TRANSPORTATION LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



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

NIMI & NIA MASportation LL
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
1575 NW 19th terrace Apto 408 aliami F1
Zipcole 33 i 25
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limite's Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
Yoendis Esnel guilante godinez
Youndis Estel Gularte godinez 1575 NW 19th Terrace apto 408 Miam, Fl
33125
ARTICLE IV The name and title of each person authorized to manage and control the Lin ited Liability Company: (MGR or AMBR)
goendis Esnel guitarte godinez
Joendis Esnel guitarte godinez (AMBA)

Required Signatures:

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 stated herein are true. 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.

Joerdis Espel Builate Golinez
Typed or printed name of signee

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)

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