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Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

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Account Name : FASTKIT CORP
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2023 JUN - 1 PM 3:48

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

STATE OF FLORIDA
TALLAHASSEE, FL

2023 JUN - 1 PM 2:34

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YCC TRANSPORT 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:

19804 NW 49TH CT
CAROL CITY, FL 33055

19804 NW 49TH CT
CAROL CITY, FL 33055

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:

YENIEL CRUZ CARRILLO

Name

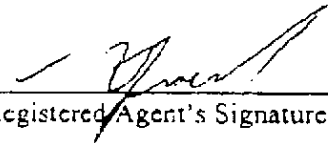
19804 NW 49TH CT

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

CAROL CITY FLORIDA 33055

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)

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

YENIEL CRUZ CARRILLO
19804 NW 49TH CT
CAROL CITY, FL 33055

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 31, 2023 (OPTIONAL)

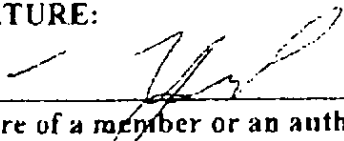
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

NONE

REQUIRED SIGNATURE:



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

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.

YENIEL CRUZ CARRILLO

Typed or printed name of signer

STATE DEPARTMENT OF STATE
TALLAHASSEE, FL

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