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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.

Email Address: amado CAUD Garcia & Sagmails Com

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FLORIDA LIMITED LIABILITY CO, GARCIA MOLINA TRUCKING LLC

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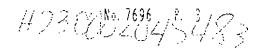
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COVER LETTER,

	ew Filing Section ivision of Corporation	s				
CYTO meren	GARCIA MOLINA	TRUCKING LL	C			
SUBJECT	·	Name of Lin	iited Liabi	lity Company	., ,_,	
The enclose	ed Articles of Organizat	ion and fec(s) are	: submitte	d for filing.		
Please retu	m all correspondence ec	meerning this ma	tler to the	following:		
	First Name: AMADO	Middle Initial:	J. (2	Last Names: GARCI	A MOLINA	
			Name o	f Person	—— <u></u>	
	GARCIA MOLINA T	RUCKING LLC				
			Firm/Co	эпрапу	- All	
	10315 NW 9TH ST CI	R APT 503				
			Λdd	ess		<u></u>
	MIAMI, FI. 33172					
_	4			nd.Zip Code LO SS & G untual report notificat		MA
For further in	formation concerning th				,	
	Amado J. Garcia Molin	at (725-8187		
•	Name of Person			Daytime Telephon	ic Number	
Enclosed is	a check for the followir	ig amount:				
\$125.00	Filing Fee	00 Filing Fee & nte of Status	Certifi	5.00 Filing Fee & cd Copy al copy is enclosed)	(13\$160.00 Filing Certificate of Su Certified Copy (additional copy is	A SUBA
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	issce	AH IO: 48

Tallahassee, FL 32303

Tallahassee, FL 32314



	OF ORGANIZATION FOR 14.0RU	IDA LIMITED	LIABILITY CONTRACY	
ARTICLE 1 - Name: The name of the Limited Liab	nility Company is:			
GAR	CIA MOLINA TRU	CKING	HC	
(Must c	ontain the words "Limited Liabili	ity Company,	LLC "E.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	n address of the principal office o	of the Limited	Liability Company is:	
	cipal Office Address:		Mulling Address:	
<u>Prin</u>				
	9TH ST CIR APT 503 33172	103 .Ml	B15 NW 9TH ST CIR AP AML FL 33172	<u> 503</u>
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Rej any cannot serve as its own Regis an active Florida registration.)	.Ml. 	AMI, FL 33172	503
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Rej my eannot serve as its own Regis an active Florida registration.) cet address of the registered agen	.Ml. 	AML FL 33172 nt's Signature: You must designate an individual or	<u> </u>
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ARTICLE III - Registered (The Limited Limbility Companother business entity with	Agent, Registered Office, & Rejuny earnot serve as its own Registan active Florida registration.) cet address of the registered agent AMADO J. GA Non 10315 NW 9TH 3	gistered Age stered Agent. 1 are: IRCIA Mane ST CIR A D. Box NOT	AMI, FL 33172 nt's Signature: You must designate an individual or OLINA APT 503 neceptable)	<u> </u>
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(CONTINUED)

The name and address of each person of	authorized to amonge and control the Limited Liability Company:	
Title: "AMBR" - Authorized Member	Name and Address:	
"MGR" = Manager AMBR	AMADO J. GARCIA MOLINA	
and the second s	10315 NW 9TH ST CIR. APT 50 MIAMI, FL 33172	3_
		
		_
(Lise attachment if necessary)		
Charles M. C. Charles has if other than the date		
(If an effective date is listed, the date must be spetthe date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of ARTICLE VI: Other provisions, if any.		
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