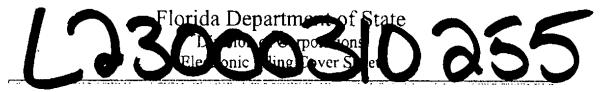
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Division of Corporations



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To:

Division of Corporations

Fax Number ; (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
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FLORIDA LIMITED LIABILITY CO. MIAMI DOMINICO CARGO LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

To:

ARTICLES OF ORGANIZATION FOR FLOI	RIDA UMTPED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
MIAMI DOMINICO CARGO LLC	
(Must contain the words "Limited Liabi	lity 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:
6115 NW 186 ST	
UNIT 110	SAME
HIALEAH, FL 33015	
	
ARTICLE III - Registered Agent, Registered Office, & Ro	adelarad Agant's Signaturas
(The Limited Liability Company cannot serve as its own Reg	istered Agent. Tou must designate an individual of
another business entity with an active Florida registration.)	

The name and the Florida street address of the registered agent are:

EZEQUIEL SOTO	LUNA	= .
	Name	
6115 NW 186 ST U	NIT 110	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
HIALEAH	FL	33015
City	State	Zip

Having been named us 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 us 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..

|s| Ezequiel Solo Luna
Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: EZEQUIEL SOTO LUNA 6115 NW 186 ST UNIT 110 HIALEAU, FL 33015		
AMBR			
(Use attachment if necessary)			
ICLE V: Effective date, if other than the date effective date is listed, the date must be speate of filing.)	of filing: (OPTIONAL) scific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.		
ICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	Is Ezequiel Soto Luna		
This document is execut	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State		
constitutes a third degree	felony as provided for in s.817.155, F.S.		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)