L23 000434501

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliosa Elliki, Hallio)
(Document Number)
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Special Instructions to Filing Officer:

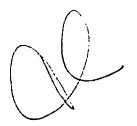
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2023FEB 27 AH II: 2



COVER LETTER

	ew Filing Sec Division of Cor						
eun weg	r.	Y	EPEZ T	RUCKING	i LLC		
SUBJECT	ı:	Nam	e of Limi	ted Liabili	ty Company		
The enclos	sed Articles of	Organization and f	ee(s) are	submitted	for filing.		
Please retu	irn all correspo	ndence concerning	this mat	ter to the fi	ollowing:		
				EDWIN A	ARMIJO		
				Name of	Person	·	
			SI	MPLEX C	ROUP INC		
		-		Firm/Co	mpany		
			7500	NW 52NI	ST, Suite 100		
				Addre	ess		2023
			-	MIAMI FI	. 33166		FEB
	yepeztrucking	(Pamail ann	Cit	y/State and	d Zip Code		27 27
			be used t	or future a	nnual report notificati	on)	
For further		ncerning this matte			r	,	2023 FEB 27 AH II: 2
	Edwin Armij	0	213 at (6467179		
	Nam	e of Person			Daytime Telephon	e Number	
Enclosed i	is a check for t	he following amou	ıt:				
■\$125.00) Filing Fee	□\$130.00 Filing Certificate of St		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Certificate Certified C	Filing Fee, of Status & opy opy is enclosed)
	New F	g Address iling Section on of Corporations			Street Address New Filing Section D The Centre of Tallah		
	P.O. B	ox 6327 assee, FL 32314			2415 N. Monroe Stre Tallahassee, Fl. 3230	et. Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	YEPEZ TRUCE	GNG LLC		
(Must	contain the words "Limited	Liability Cor	npany, "L.I.,C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	ret address of the principal (office of the I	Limited Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address	<u>s</u> :
13360 TWINWOOD LANE APT 2207 ORLANDO, FL 32837			ORLANDO, FL 32837	
ARTICLE III - Registered (The Limited Liability Com- another business entity with The name and the Florida st	pany cannot serve as its own an active Florida registrati	Registered a	ed Agent's Signature: Agent. You must designate an indiv	idual or
	ANTONIO YEPEZ			
		Name		
	13360 TWINWOOI	LANE APT	2207	
	Florida street addre	ss (P.O. Box	NOT acceptable)	
	ORLANDO	FL	32837	
	City	State	Zip	
place designated in this certifi further agree to comply with t	cate, I hereby accept the app he provisions of all statutes (pointment as relating to the as registered	s for the above stated limited liability registered agent and agree to act in to proper and complete performance of l agent as provided for in Chapter 60 S (Snature (REQUIRED)	this capacit of my duties
				rri ET

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	ANTONIO YEPEZ
	13360 TWINWOOD LANE APT 2207
	ORLANDO, FL 32837
_	
	
(Use attachment if necessary)	
FICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.) te: If the date inserted in this block does n	ot meet the applicable statutory filing requirements, this date will not be li
FICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)	e specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li
FICLE V: Effective date, if other than the on effective date is listed, the date must be date of filing.) (e: If the date inserted in this block does not document's effective date on the Department.)	e specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li
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TCLE V: Effective date, if other than the on effective date is listed, the date must be late of filing.) e: If the date inserted in this block does not document's effective date on the Departm TCLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is ex I am aware that any if any aware that any	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lent of State's records. The member of an authorized representative of a member of a member of an authorized representative of a member of a member of a false information submitted in a document to the Department of States.

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)