

L23000455278

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000345527 3)))



H230003455273AEC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

J.A.  
10/4/23

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

Email Address:

DONENICAB665@gmail.com

FLORIDA LIMITED LIABILITY CO.  
305BADDIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

2023 OCT -3 PM 4:38

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 OCT -3 PM 3:13

FILED

Oct. 3, 2023 3:35PM

10/3/2023 3:30:29 PM PAGE 1/001

F.No. 6103ver. 1



October 3, 2023

FLORIDA DEPARTMENT OF STATE

THREE K FAST CARRIER SERVICES INC Division of Corporations

SUBJECT: 305BADDIES LLC  
REF: W23000135046

*corrected  
pls see  
attached*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please confirm the RA address, specifically the zip code. In review of the application all addresses reflect the same except the registered agent address. Please amend the document accordingly.,

If you have any further questions concerning your document, please call (850) 245-6052.

Tabitha J Howell  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H23000345527  
Letter Number: 523A00022822

**FILED**

2023 OCT -3 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Oct. 3. 2023 3:36PM

FILE No. 8103) 3/ 2023 09455273

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 305BADDIES LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOMENICA P. CUADROS  
Name of Person

305BADDIES LLC  
Firm/Company

25295 SW 114TH CT  
Address

HOMESTEAD, FL 33032  
City/State and Zip Code

DOMENICA665@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOMENICA P. CUADROS at ( 786 ) 332-8368  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|--|---|--|

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 OCT -3 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Oct. 3, 2023 3:36PM

H/No. 0109/C.P. 4455-27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

305BADDIES 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:

25295 SW 114TH CT  
HOMESTEAD, FL 33032

Mailing Address:

25295 SW 114TH CT  
HOMESTEAD, FL 33032

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:

DOMENICA P. CUADROS

Name

25295 SW 114TH CT

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

HOMESTEAD

FL

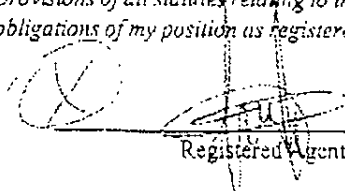
33032

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 663, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2023 OCT -3 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Oct 3, 2023 3:36 PM

7723 No. 3193 5-273

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

DOMENICA P. CUADROS

25295 SW 114TH CT

HOMESTEAD, FL 33032

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09-28-2023 (OPTIONAL)

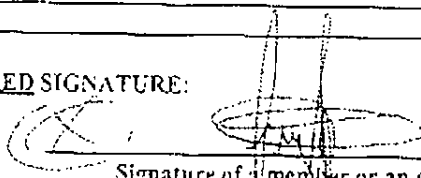
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ANY AND ALL LAWFUL BUSINESS

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.

DOMENICA P. CUADROS

Typed or printed name of signee

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)

2023 OCT -3 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED