Florida Department of State

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.

(((H23000365900 3)))



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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. A:M:F TRANSPORT LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

10/26/2023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A Dome -	
ARTICLE I - Name: The name of the Limit Article	
The name of the Limited Liability Compa	any is:
ARTICLE II AND Transpo	
- 1 w/Spo	C+LLC
Company is:	f the principal office of the Limited Liability
4370 516 00	c+ Miami Florida
DEO 3W 9875	ct Minn Flocia
33165	1100100
ARTICLE III - Registered A - 1	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of Company cannot serve as its own Registered Agent. You must with an active Florida registeration has active Florida registeration.	d Office:
Company cannot serve as its own Registered Agent. You must with an active Florida registration.)	designate an individual or another hysiners and a
	320 SW 98+4 C+
Miami Flurida 331	65
171100 331	
	— - i
ARTICLE IV	7 S 7023
The name and title of each names	ed to manage and the same and t
1	(1) Pro Pro 1
Eldrian F Saenz	AMRR = 1
100012	AMBK Est
Marlon R Saenz	AMRD BE 5
Fidel Anti-	nbi Aguinaga AMBR
Tract Tinachio Lur	Mb. Aguinaga AMBR

EIN: 93 - 3993108

Required Signatures:

3052201440

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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 herely 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)

