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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
LUCMARBRUN TRANSPORT LLC

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

FILED
JAN 24 2014
TALLAHASSEE, FLORIDA
STATE
SECRETARY OF STATE

T.J.H
1/25/24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUC MAR BRUN TRANSPORT LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

7275 SW 90TH ST APT C 710 MIAMI FL 33156

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

PABLO SCIOLA

7275 SW 90TH ST APT C 710 MIAMI FL
33156

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

PABLO LEONARDO SCIOLA MGR

BRUN ESPINOSA MARTIN AMBR

2013 JAN 24 PM 3:51
SECRETARY STATE
TALLAHASSEE FLORIDA

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Required Signatures:



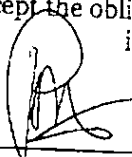
Signature of a member or an authorized representative of a member.

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.

DORLE SCIO LA

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 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 605, F.S..



Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA