Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : UNION CARRIER SERVICES

Account Number : I20230000157 Phone : (305)392-1035 Fax Number : (786)401-7453

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

Email Address: Union Carriers ervices a gracil way

FLORIDA LIMITED LIABILITY CO.

IndirMer Logit & Transport Ilc

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## COVER LETTER

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SUBJEC	IndirMer I	logit & Transport	LLC			
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The enclo	osed Articles of	Organization and	fee(s) are submi	tted for filing.		
Please ret	urn all corresp	ondence concernir	ig this matter to t	he following:		
	union cHEH	DY RODRIGUEZ				
			Nam	e of Person		<del></del>
	UNION CA	RRIER SERVICE	S			
	<del></del>		Firm	/Company		
	5643 NW 7-	AVE				
			.A.	ddress		
	MIAMI, FL	33166				
	UNIONCARI	RIERSERVICES	•	e and Zip Code	···	
	1	E-mail address: (to	be used for futu	re annual report notificat	ion)	
For further	information co	ncerning this matt	er, please call:			
	HEIDY ROD	RIGUEZ	305 at (	3921035		
	Nam	e of Person	Area Cod	e Daytime Telephon	ne Number	
Enclosed	is a check for t	he following amou	nt:			
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	New F Divisio P.O. B	<u>a Address</u> iling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810	

ARTICLE I - Name: The name of the Limited L	ability Company is:		
	& Transport LLC contain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and st	rect address of the principal o	ffice of the Limited	d Liability Company is:
Pr	incipal Office Address:		Mailing Address:
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he 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)

(CONTINUED)

ARTICLE	ı	¥	
212			

The name and address of each person authorized to manage and control the Limited Liability Company:

*AMBR* = Authorized Member **MGR* = Manager  AMBR    EDISON M.PINCAY CEPEDA   200 N.72 TERR   HOLLYWOOD, FL 33024	"MGR" = Manager			
(Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing:	<u>-</u>			
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing	AMBR			
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(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  Leffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a set of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent's effective date on the Department of State's records.  ICLE VI: Other provisions, if any.  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), Fiorida 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.  EDISON M PINCAY CEPEDA  Typed or printed name of signee  Elling Fees:  3.0.00 Certified Copy (Optional)		HOLLYWOOD, FL 33024		_
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