

L24000102124

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6361

From:
Account Name : THREE K EAST CARRIER SERVICES INC
Account Number : 12018000033
Phone : (385)805-3516
Fax Number : (309)887-5844

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

Email Address: topwave@transport@gmail.com

FLORIDA LIMITED LIABILITY CO.
TOP WAVE TRANSPORT LLC

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

2024 MAR - 1 PM 5:54

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: TOP WAVE TRANSPORT 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:

First Name: MELISSA (2) Last Names: MILIANS GONZALEZ

Name of Person

TOP WAVE TRANSPORT LLC

Firm/Company

2018 NW 13TH PL

Address

CAPE CORAL, FL 33993

City/State and Zip Code

TOPWAVETRANSPORT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Milians Gonzalez 786 340-3790
at ()
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

Street Address
New Filing Section Division
The Centre of Tallahassee

#2400008/1/93

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOP WAVE TRANSPORT 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:

2018 NW 13TH PL
CAPE CORAL, FL 33993

Mailing Address:

2018 NW 13TH PL
CAPE CORAL, FL 33993

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:

MELISSA MILLANS GONZALEZ

Name

2018 NW 13TH PL

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

CAPE CORAL FL 33993

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

X 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

MELISSA MILIANS GONZALEZ

2018 NW 13TH PL

CAPE CORAL, FL 33993

AMBR

GUILLERMO GONZALEZ REYES

2018 NW 13TH PL

CAPE CORAL, FL 33993

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02-29-2024 (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

x 

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.

MELISSA MILIANS GONZALEZ

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)