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Division of Corporations

L24000165512

Florida Department of State
Division of Corporations
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Email Address: _____

FLORIDA LIMITED LIABILITY CO.**Reverie Truck Lines llc**

Certificate of Status	0
Certified Copy	1
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April 9, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: REVERIE TRUCK LINES LLC
REF: W24000056256

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.

The Name of the AMBR and the Name on the Printed signee does not match the Signature.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

FAX Aud. #: B24000128207
Letter Number: 424A00007583

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REVERIE TRUCK LINES 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:2684 MARATHON LANE
FORT LAUDERDALE, FL 33312Mailing Address:2684 MARATHON LANE
FORT LAUDERDALE, FL 33312

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:

WEST KENDALL REGISTERED AGENTS INC

Name

5600 SW 135TH AVE, SUITE 106RFlorida street address (P.O. Box **NOT** acceptable)MIAMIFL33183

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 605, F.S..

Gabriel S. Diaz-Sarmiento

Registered Agent's Signature (REQUIRED)

(CONTINUED)

 COUNTY OF DADE
 TALLAHASSEE, FLORIDA

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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

MGRM

PINERES-ANGARITA, LUIS E.
2684 MARATHON LANE
FORT LAUDERDALE, FL 33312

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

REQUIRED SIGNATURE:

Luis E. Pineros-Angarita

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.

LUIS B. PINERES-ANGARITA

Typed or printed name of signee

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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