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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 Phone : (305)805-3516 Fax Number : (305)887-5844

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO. LGC TRUCKING LLC

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

		СО	VER LETT	ER			
	ew Filing Sec ivision of Co						
SUBJECT		CKING LLC					
		Name of Lir	nited Liabilit	y Company			
The enclose	ed Articles of	Organization and fee(s) ar	e submitted t	or filing.			
Please retu	m all correspo	ondence concerning this ma	atter to the fo	llowing:			
	First Name:	CECILIA (2) Last Name	es: FLORES	AVALOS			
		√ 10	Name of I	erson			
	LGC TRUC	CING LLC					
	•		Firm/Con	npany			
	300 PETITE	CIR					
			Addres	35			
	LEHIGH AC	PRES, FL 33974					
	City/State and Zip Code						
-		RES2287@GMAIL.COM					
		-mail address: (to be used		nuai report notificati	ion)		
For further in	formation cor	scerning this matter, please	call:				
•	CECILIA FLO	ORES AVALOS 23		297-1090			
	Name of Person Area Code Daytime Telephone Number		e Number				
Enclosed is	a check for th	e following amount:					
■ \$125,00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified	00 Filing Fee & I Copy copy is enclosed)	☐\$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

RTICLE I - Name: The name of the Limited Liab LGC TRUCKING	hility Company is:			
LGC TRUCKING				
	July Company is.			
21	3 LLC			
(Must c	contain the words "Limited Liab	oility Company, '	"L.L.C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and stree	et address of the principal office	of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
300 PETITE CIR		<u>300 F</u>	PETITE CIR	
LEHIGH ACRES	, FL 33974	LEHI	IGH ACRES, FL 33974	
The Limited Liability Companiother business entity with a	Agent, Registered Office, & R any cannot serve as its own Reg an active Florida registration.) eet address of the registered age	pistered Agent. Y	t's Signature: 'ou must designate an indivídual or	
The Limited Liability Companother business entity with a	any cannot serve as its own Reg an active Florida registration.) eet address of the registered age CECILIA FLORES AVA	ristered Agent. Y ent are: LOS		
The Limited Liability Companother business entity with a	any cannot serve as its own Reg an active Florida registration.) eet address of the registered age CECILIA FLORES AVA	nistered Agent. Y ent are:		
The Limited Liability Companother business entity with a	any cannot serve as its own Reg an active Florida registration.) eet address of the registered age <u>CECILIA FLORES AVA</u> Na 300 PETITE CIR	ristered Agent. Y ent are: LOS eme	ou must designate an individual or	
The Limited Liability Companother business entity with a	any cannot serve as its own Reg an active Florida registration.) eet address of the registered age <u>CECILIA FLORES AVA</u> Na	ristered Agent. Y ent are: LOS eme	ou must designate an individual or	
The Limited Liability Companiother business entity with a	any cannot serve as its own Reg an active Florida registration.) eet address of the registered age <u>CECILIA FLORES AVA</u> Na 300 PETITE CIR	ristered Agent. Y ent are: LOS eme	ou must designate an individual or	

.

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	CECILIA FLORES AVALOS 300 PETITE CIR LEHIGH ACRES. FL 33974	
		; ;
If an effective date is listed, the date must be spe he date of filing.)	of filing: 06-11-2024 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d neet the applicable statutory filing requirements, this date will not b of State's records.	•
ARTICLE VI: Other provisions, if any. ANY AND ALL LAWPUL BUSINESS		
REQUIRED SIGNATURE:		
Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
CECILIA FLORE	S AVALOS 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)