Florida Department of State Division of Corporations below) on the top and bottom of all pages of the document.

(((H24000212169 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: THREE K FAST CARRIER SERVICES INC Account Name

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.

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

LORENZ TRUCKING LLC

Electronic Filing Menu

Corporate Filing Menu

Help

H240002121693

COVER LETTER

TO: New Filing Division of	Section Corporations			
LOREN SUBJECT:	NZ TRUCKING LLC			
Name of Limited Liability Company				
The enclosed Article	s of Organization and fee(s) are	submitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
First Nam	ne: SANDY (2) Last Names:	RAMIREZ BARRIOS		
		Name of Person		
LORENZ	TRUCKING LLC			
		Firm/Company		
8610 N S	HERMAN CIR #407			
***************************************		Address	······································	
MIRAM	AR, FL 33025			
		ty/State and Zip Code		
SANDYR	AMIREZB31@GMAIL.COM			
		for future annual report notificat	ion)	
For further information	concerning this matter, please	call:		
SANDY I	SANDY RAMIREZ BARRIOS 305 798-4819			
N		ea Code Daytime Telephon	e Number	
Enclosed is a check for	or the following amount:			
■\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
<u>Ma</u>	iling Address	Street Address	824 J.	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

8 7124 JUN 18 LM 8: 37

SECRETARY OF STATE

H240012/21693

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ENZ TRUCKING 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:

Mailing Address:

8610 N SHERMAN CIR # 407

8610 N SHERMAN CIR # 407

MIRAMAR, FL 33025

MIRAMAR, FL 33025

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:

CAN	TAV D	AMTR	F7 D	ADD	TAC
	11 Y K	AILIN	P / K	3 K K	11 15

Name

8610 N SHERMAN CIR #407

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

MIRAMAR

City

State

Having been named us 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)

(CONTINUED)

H240002121693

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
MGR	CARDY DARGOET DADDEG			
	SANDY RAMIREZ BARRIOS 8610 N. SHERMAN CIR #407			
	MIRAMAR, FL 33025			
ST G				
SEC	YAINET HERNANDEZ LORENZO			
	8610 N. SHERMAN CIR #407			
	MIRAMAR, FL 33025			
•				
it an effective date is listed, the date must be ne date of filing.)	ate of filing: 06-18-2024 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of most the applicable statutory filing requirements, this date will not be listed as int of State's records.			
RTICLE VI: Other provisions, if any. ANY AND ALL LAWFUL BUSINES	38			
REOURED SIGNATURE:	member or an authorized representative of a member.			
This document is exe I am aware that any fa	cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State pree felony as provided for in s.817.155, F.S.			
SAND	DY RAMIREZ BARRIOS			
	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)