

Florida Department of State  
 Division of Corporations  
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**L2410002354903**

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To: Division of Corporations  
 Fax Number : (850)617-6381

From: Account Name : CESPEDES CPA, INC  
 Account Number : I20220000109  
 Phone : (786)452-4615  
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REGISTRARS  
 CORPORATIONS  
 DIVISION

FLORIDA LIMITED LIABILITY CO.  
 ARZOLA TRUCKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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SECRETARY OF STATE  
 TALLAHASSEE, FL

**(((H24000235490 3)))**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ARZOLA 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:

12212 SW 110TH LANE  
MIAMI FL 33186

Mailing Address:

12212 SW 110TH LANE  
MIAMI FL 33186

**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:

RUIZ, REINALDO

Name

12212 SW 110TH LANE

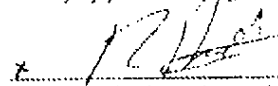
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33186

City

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.*



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:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	RUIZ, REINALDO
"MGR" = Manager	12212 SW 110TH LANE
AMBR	MIAMI FL 33186
_____	_____
_____	_____
_____	_____
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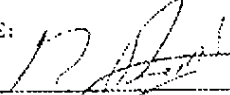
(Use attachment if necessary)

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:**

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.

RUIZ, REINALDO

Typed or printed name of signer

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