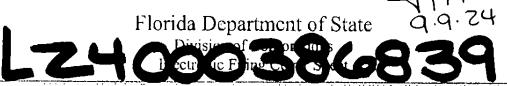
9/6/24, 1:07 PM

Division of Corporations



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.

(((H24000304239 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

Phone : (305)444-4994

Fax Number

: (305)328-4774

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

1	Address			
-maii	annrecc.			

FLORIDA LIMITED LIABILITY CO. VLUE FREIGHT LLC

Certificate of Status Certified Copy Page Count 03 \$155.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
VLUE FREIGHT LLC	
(Must contain the words "Limited Linbi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	• •
The mailing address and street address of the principal office office of the principal office of the p	of the Limited Liability Company is: Mailing Address: 13145 CORONADO DRIVE

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:

IGOR NUNEZ		
	Name	
13145 CORONADO	DRIVE	
Florida street addre	ss (P.O. Box <u>NOT</u> a	cccptable)
N. MIAMI	F1	33181
City	State	Zip

Having been hamed 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 appoinment 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..

Register Agent's Signature (REQUIRED)

(CONTINUED)

24 SEP -6 PH 12: 04

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	IGOR NUNEZ 13143 CORONADO DRÍVE N. MIAMILEL 33181
AMBR	FAMILY FIRST REVOCABLE TRUST 13145 CORONADO DRIVE N. MIAMI, FL 33181
(Use attachment if necessary)	
EV: Effective date, if other than the of celive date is listed, the date must be of filling.) The date inserted in this block does not be a second of the date inserted in this block does not be determined.	date of filing:
EV: Effective date, if other than the effective date is listed, the date must be of filling.) I the date inserted in this block does not ment's effective date on the Departm. EVI: Other provisions, if any.	date of filing:
EV: Effective date, if other than the offective date is listed, the date must be of filling.) If the date inserted in this block does noment's effective date on the Departm. EVI: Other provisions, if any.	date of filing:
EV: Effective date, if other than the effective date is listed, the date must be of filling.) If the date inserted in this block does noment's effective date on the Department's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE:	date of filing:

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)