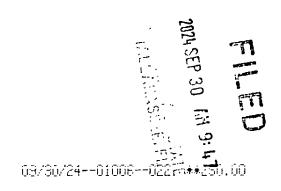
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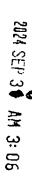
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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WALK IN

		UP: <u>JENA 9/30</u>	
	CERTIFIED COPY		<u>.</u>
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<u>B</u>	M TRUCKING FLOR	IDA, LLC UMENT#)	Service of the servic
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	NSTRUCTIONS:		
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COVER LETTER

	iling Section on of Corporations		
SUBJECT:	BM Trucking Florida, LLC		
	Name of Li	imited Liability Company	
The enclosed A	rticles of Organization and fee(s) a	are submitted for filing.	
Please return al	correspondence concerning this n	natter to the following:	
	Aaron Resnick		
		Name of Person	
	Law Offices of A	aron Resnick, P.A.	2024 SEP
		Firm/Company	<u> </u>
	100 Biscayne Bly	d., Suite 1607	30 7
		Address	# 9: L1
	Miami, FL 33	3132	: -1
_	Aresnici	City/State and Zip Code City/State and Zip Code City/State and Zip Code A for future annual report notification)	Ji. Cont
For further infor	mation concerning this matter, plea	ase call:	
	Nazarena Masis at (305 672-7495	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is a c	heck for the following amount:		
x \$125.00 Filing	-	(additional copy is enclosed) Certified C	of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	cking Florida, LLC	1
(.VII.	ist contain the words "Limited Liability C	ompany, "L.E.C., or "LLC.")
RTICLE II - Address: e mailing address and s	street address of the principal office of the	e Limited Liability Company is:
<u>p</u>	rincipal Office Address:	Mailing Address:
	(0.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1688 Meridian Ave
	588 Meridian Ave Suite 600 & 700	Suite 600 & 700
		
ne Limited Liability Co other business entity w	ith an active Florida registration.) street address of the registered agent are	d Agent. You must designate an individual or
he Limited Liability Co other business entity w	red Agent, Registered Office, & Registere impany cannot serve as its own Registere ith an active Florida registration.)	ered Agent's Signature: d Agent. You must designate an individual or
The Limited Liability Conother business entity w	red Agent, Registered Office, & Registered ompany cannot serve as its own Registere ith an active Florida registration.) street address of the registered agent are Law Offices of Aaron Ro	ered Agent's Signature: d Agent. You must designate an individual or esnick, P.A.
The Limited Liability Co nother business entity w	red Agent, Registered Office, & Registered Office, & Registered ompany cannot serve as its own Registered ith an active Florida registration.) street address of the registered agent are Law Offices of Aaron Re Name 100 Biscayne Blvd., Suite Florida street address (P.O. Bo	ered Agent's Signature: d Agent. You must designate an individual or esnick, P.A.
The Limited Liability Conother business entity w	red Agent, Registered Office, & Registere ompany cannot serve as its own Registere ith an active Florida registered agent are street address of the registered agent are Law Offices of Aaron Re Name 100 Biscayne Blvd., Suite	ered Agent's Signature: d Agent. You must designate an individual or esnick, P.A.

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Brian Murphy MGR 1688 Meridian Ave Suite 600 & 700, Miami Beach, FL 33139 (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: 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.

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Aaron Resnick

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)