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Florida Department of State
Division of Corporations
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RESUBMISSION

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STATE OF FLORIDA
TALLAHASSEE

FLORIDA LIMITED LIABILITY CO.
Harbor View Transport LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

The name of
October 17, 2024

One or more
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SUBJECT: M\$D TRANSPORT LLC
REF: W24000137016

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Crystal S Hightower
Regulatory Specialist II
New Filings Section

FAX Aud. #: H24000336339
Letter Number: 924A00022141

H24000336339

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Harbor View Transport LLC

(Must end with 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:3001 HARBOR VIEW LANE
KISSIMMEE, FL 347463001 HARBOR VIEW LANE
KISSIMMEE, FL 34746

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:

MARCOS A DELGADO

Name

3001 HARBOR VIEW LANEFlorida street address (P.O. Box **NOT** acceptable)KISSIMMEEFL 34746

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)

MARCOS A DELGADO

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MARCOS A DELGADO

3001 HARBOR VIEW LANE

KISSIMMEE, FL 34746

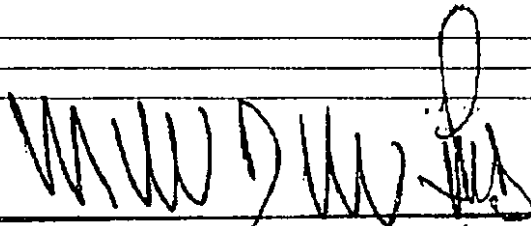
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

MARCOS A DELGADO

Typed or printed name of signee

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