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From:

. (850)617-6381 S. CHATHAM

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

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

Email	Address:			

FLORIDA LIMITED LIABILITY CO. FLYING COLT SERVICES AND LOGISTICS LLC.

Certificate of Status	1	
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Help

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Thying Colt Gervices and Logistics. LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
3331 NW 126th tarrace, Swrist Fr. 33323
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)
Hugo MicHard Palacios Betancourt.
3331 NW 126+4 TETADORF STAINLES TO 22222
ARTICLE IV
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Hugo Dichard Palacios Botaucoust Augus 25
- TIMORE
LORHANYS PALARIOS RAMOS - AMBR.

EIN: 33-7066363

Required Signatures:

Signature of a member of 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 I:erein are true. I am aware that any false information submitted in a document to the Depar ment of State constitutes a third degree felony as provided for in s.817.155, F.S.

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 herel; y 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)