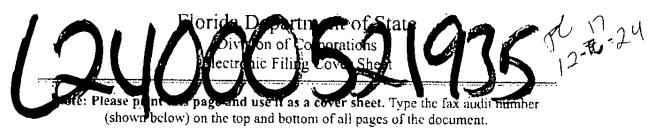
12/16/24, 11:05 AM

Division of Corporations



(((H24000412487 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPERTAX

Account Number : I20200000010 Phone : (407)777-7470

Fax Number : (321)206-9743

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

Email Address:

刀

771

### FLORIDA LIMITED LIABILITY CO. CK TRANSPORTATION USA LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	· \$130.00

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Help

H24000412487-3

# +124000412487-3

#### COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJEC		SPORTATION USA LLC			
3600		Name of Lin	nited Liabilit	у Сотрапу	
The enc	losed Articles of	Organization and fec(s) are	c submitted f	or filing.	
Please re	eturn all correspo	ondence concerning this ma	atter to the fo	llowing:	
	KARINA V	ELASQUEZ CASSANS			
			Name of F	erson .	
			Firm/Con		
	4812 CORA	L CASTLE DR			
			Addre	SS	
	KISSIMME	E FL 34746			
		C	ity/State and	Zip Code	
		E-mail address: (to be used	for future an	nual report notificati	on)
For furthe	r information co	ncerning this matter, please	call:		
	KARINA VI	ELASQUEZ CASSA' 40	)7	9628573	
	Nam		rea Code	Daytime Telephone	e Number
Enclosed	d is a check for t	he following amount:			
<b>□\$</b> 125.	.00 Filing Fec	■\$130,00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	ng Address iling Section on of Corporations	7	itreet Address New Filing Section Di The Centre of Tallaha	
	P.O. B	ox 6327 assee, FL 32314		415 N. Monroe Stree 'allahassee, FL 3230.	

H24000412487-3

Tallahassee, Fl. 32314

### 424000412487-3

ARTICLESOF ORGANIZATION FOR FLORII	DA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
CK TRANSPORTATION USA LLC	
(Must conatin the words "Limited Liability	v 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:
4812 CORAL CASTLE DR	4812 CORAL CASTLE DR
KISSIMMEE FL 34746	KISSIMMEE FL 34746
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent a	stered Agent's Signature: red Agent. You must designate an individual or

Name

4812 CORAL CASTLE DR

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

KISSIMMEE FLORIDA 34746

City State 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,  $I_{ij}$  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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## 4124000412487-3

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	KARINA VELASOUEZ CASSANS 4812 CORAL CASTLE DR KISSIMMEE FL 34746
MGR	CESAR E BALBIN VALLES 4812 CORAL CASTLE DR KISSIMMEE FL 34746
EV: Effective date, if other than the ctive date is listed, the date must b	date of filing: (OPTIONAL) 100 per specific and cannot be more than five business days prior to oF 90
E.V: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department.	date of filing: (OPTIONAL) of specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any.	date of filing: (OPTIONAL) of specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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cetive date is listed, the date must be filing.) the date inserted in this block does ment's effective date on the Departm E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of This document is end a may a ware that any constitutes a third desired.	date of filing: