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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (3<del>0</del>5)552-5973 Fax Number : (305)675-5944

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. E.F SHIPMENTS LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Effective Dote 1/1/25

| ARTICLE 1. Name:  | 1/1/25                          |
|---|---------------------------------|
| The name of the Limited Liability Company is:   | ·                               |
|   |                                 |
| E. F Shipment   | s 11C                           |
| * *** * IV. Lift. III a. A. Aldimono.   |                                 |
| The mailing address and street address of the principal company is:   | office of the Limited Liability |
|   |                                 |
| 14715 SW 172nd st miami, Fl   | 33187                           |
| · · · · · · · · · · · · · · · · · · ·   |                                 |
|   |                                 |
|   |                                 |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered Company cannot serve as its own Registered Agent. You must designate an individual with an active Florida registration.)  Erick Gabriel Fuen | or within business entity       |
| 14715 Sw 1720d St min 1   | 111401                          |
| 14715 sw 172nd st miami,  | FI 33187                        |
|   |                                 |
| ARTICLE IV  The name and title of each person authorized to manage and ability Company: (MGR or AMBR)   | nd control the Limited          |
| Evier   | /                               |
| Erick Gabriel Fuenmayor   | AMBE                            |
|   |                                 |
|   |                                 |
|   |                                 |
|   | _                               |
|   |                                 |

EIN: 33-245517/

## Required Signatures:

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 horein 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

Erick Gabriel Frenmayor
Typed or printed name of signee

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)