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To:

Division of Corporations

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From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 | Phone : (305)805-3516 Fax Number : (305)887-5844

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

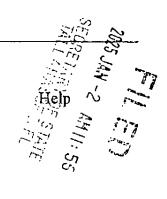
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FLORIDA LIMITED LIABILITY CO. MERLI TRANSPORT LLC

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Corporate Filing Menu



COVER LETTER

	view Filing Sec Division of Con				
SUBJECT		ANSPORT LLC			
SCOVEC	••	Name of l	Limited Liabil	ity Company	
The enclo	sed Articles of	Organization and fee(s)	are submitted	for filing.	
Please reti	ırn all correspo	ondence concerning this	matter to the f	! ollowing: !	
	TULDER MI	ERLANO			
			Name of	Person 	
	MERLI TRA	INSPORT LLC			
			Firm/Co	mpany	**************************************
	5660 SW 5T	H TERR			
			Addr	235	
	CORAL GA	BLES, FL 33134		_	
	LIE DEDMO	HOTMAN COM	City/State and	d Zip Code 	
		HOTMAIL.COM E-mail address: (to be us	ed for future a	nnual report notification	
For further i		ncerning this matter, ple		•	,
	IULDER ME	RLANO	786	663-9112	
	Name	at (e of Person	Area Code	Daytime Telephone	Number
Enclosed i	s a check for th	ne following amount:			
=\$125.00) Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certific	.00 Filing Fee & d Copy I copy is enclosed)	CI\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Bo	g Address ling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see . Suite 810

AIXTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: te name of the Limited Liabi	lity Company is:	j	į		
			:		
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71.4	MERLI TRAI	NSPORT .	LLC "or "I C "		_
(Musi co	main the words Limited Li	abiniy Company,	L.C.C., OF ELC.		
RTICLE II - Address: ie mailing address and street	address of the principal off	ice of the Limited	Lisbility Company is	: :	
Princ	ipal Office Address:		Mailing A	ddress:	
5660 SW 5	TH TERR		60 SW 5TH	TERR	
мламі, ғ	L 33134	\mathbf{M}	LAMI, FL 33	134	
RTICLE III - Registered A the Limited Liability Compa other business entity with a	ny cannot serve as its own R n active Florida registration	Registered Agent.	nt's Signature: You must designate a	n individus) or	
he name and the Florida stree		l l	ANO		
		R MERLA	110		
		V 5TH TE	RR		
	Florida street address	<u>:</u> _		_	
	MIAMI	FL	33134	. <u>.</u>	
	City	State	Zip		
ther agree to comply with the familiar with and accept the	obligations of my position a:	s registered agent	us provided for in Cha	upter 605, F.S	
	Register	red Agent's Signa	iture (REQUIRED)		۵.
		(CONTINUED)			ZOZS JA FGREJ
				7. c. F/	W-2 MII: 56

Title:	Name and Address:	
"AMBR" - Authorized Member "MGR" = Manager	JULDER MERLANO	
AMBR	5660 SW 5TH TERR	
	CORAL GABLES, FL 33	134
	CONTROLLES, HERE	191
		* · · ·
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(Use attachment if necessary) EV: Effective date, if other than the da	te of filing: 01-02-2025	(OPTIONAL)
EV: Effective date, if other than the da fective date is listed, the date must be a of filled.)	pecific and cannot be more than five business meet the applicable statutory filing requiremen	days prior to or 90 days after
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