Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000019538 3)))



H250000195383ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your bi ser from this page. Doing so will generate another cover she-

To:

From:

Division of Corporations

Fax Number : (850)617-6381

Account Name : MENDEZ ACCOUNTAX SERV; ., CORP

Account Number : I20060000145

Phone : (305)769-4936

Fax Number

: (305)769~1844

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. YERRI TRUCKING, LLC.

| Certificate of Status | |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu Corporate Filing Menu

Ċ



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

YERRI TRUCKING, LLC.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company: 3277 NW 135 ST, OPALOCKA FL 33054

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

GERARDO E. HERNANDEZ 3277 NW 135 ST OPA LOCKA, FL 33054

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.

egistered Agent's Signature

80:5 NV 91 NV 9707

ARTICLE IV: Purpose of Business:

The purpose of this LLC is for general trucking

ARTICLE V:

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

Title:

Name and Address:

AMBR

GERARDO E. HERNANDEZ 3277 NW 135 ST OPA LOCKA, FL 33054

Signature of 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.)

GERARDO E. HERNANDEZ

Typed or printed name of signee.