

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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.

L21000191733

 H210001778073ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
 Account Number : I20070000019
 Phone : (518)689-1212
 Fax Number : (518)432-0742

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

21 MAY -3 AM 2:59

FILED

****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.
 Express Line Trucking LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2021 MAY -3 PM 12:30

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

Articles of Organization
for
Florida Limited Liability Company

ARTICLE I NAME

The name of the Limited Liability Company is:

Express Line Trucking LLC

ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office is:

8537 Duke Court West, Boynton Beach, FL 33436

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Olena Yahontova
8537 Duke Court West, Boynton Beach, FL 33436

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

Olena Yahontova, Authorized Member
8537 Duke Court West, Boynton Beach, FL 33436

May 3, 2021

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.

s/ Olena Yahontova
Olena Yahontova
Registered Agent

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

s/ Olena Yahontova
Olena Yahontova
Authorized Member

21 MAY -3 AM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED