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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP

Account Number: I2020000009

Phone

: (954)544-1000

Fax Number

: (954)678-4500

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

Email Address: <u>HELLO@</u>JTAXCORP.COM

FLORIDA LIMITED LIABILITY CO. ARIA TRUCKING DISPATCH LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ARIA TRUCKING DISPATCH LLC (Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1361 S FEDERAL HWY UNIT 110 BOCA RATON, FL 33432	SAME	
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.) The name and the Florida street address of the registered agent	ered Agent. You must designate an individual or	

JTAX CORP Name

10055 YAMATO RD STE 206

City

BOCA RATON

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..

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

State

Registered Agent's Signature (REQUIRED)

33498

Zip

(CONTINUED)

To:

ARTICLE IV-

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

<u>Title:</u> "AMBR" = A	uthorized Member	Name and Address:		
"MGR" = Mai	nager			
AMBR	J	IRIS AZEVEDO		
		1361 S FEDERAL HWY UNIT 110		
		BOCA RATON FL 33432		
				
			· 	
				
				
(Use attachme	nt if necessary)			
(If an effective date is I the date of filing.) Note: If the date insert	isted, the date must be specied in this block does not not be date on the Department of	of filing:	s days prior to or 90 da	
				
DECHIDED	SIGNATURE:			_ _
KLOUIKED,	JIGUAT GRE.		27	
			75 <u>38</u>	••
	Signature of a me	mber or an authorized representative of a	member = 3	•
	This document is execut	ed in accordance with section 605.0203 (1) (1		,
	I am aware that any false	information submitted in a document to the I		
	constitutes a third degree	felony as provided for in s.817.155, F.S.	<u>iu</u> , ⊸o	Į-,=
		AUDUANDO COLADES BATISTA	<u> </u>	, ;
		NIRVANDO COLARES BATISTA Typed or printed name of signee		Same of
		Typed of printed name of signee	음:· >	
		Filing Fees:); <u> </u>	
		LIMIE TEES.		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)