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.

(((H24000119744 3)))



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 : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736

: (305)646-1527 Fax Number

\*\*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. CS FLOW TRANSPORT, LLC.

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

Electronic Filing Menu Corporate Filing Menu

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CS FLOW	TRANSPORT, I	LLC.
(Must co	ontain the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal offic	ce of the Limited	Liability Company is:
Princ	ipal Office Address:		Mailing Address:
249 NE 166 STRE	EET	249 NE 166 STREET	
(The Limited Liability Compa	Agent, Registered Office, & I	Registered Ager	MI. FL. 33162 nt's Signature: You must designate an individual
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & I any cannot serve as its own Re an active Florida registration.)	Registered Agent.	nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & I any cannot serve as its own Re in active Florida registration.) et address of the registered ag	Registered Agent.	nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & I any cannot serve as its own Re in active Florida registration.) et address of the registered ag	Registered Agent.	nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & I any cannot serve as its own Re in active Florida registration.) et address of the registered ag	Registered Agent.	nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & I iny cannot serve as its own Re in active Florida registration.) et address of the registered ag CAROLINA DIAZ	Registered Agent.	nt's Signature: You must designate an individual
ARTICLE III - Registered A	Agent, Registered Office, & I my cannot serve as its own Re in active Florida registration.)  ct address of the registered ag  CAROLINA DIAZ  N  249 NE 166 STREET	Registered Agent.	nt's Signature: You must designate an individua

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)



**MGR" = Manager  AMBR  SILVIO H. BACA 249 NE: 166 STREET MIAMI, FL. 33162  AMBR  CAROLINA DIAZ 249 NE: 166 STREET MIAMI, FL. 33162  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior to or seed filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  **Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statuter 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.  **CAROLINA DIAZ**  Typed or printed name of signee  **Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	Title:	Name and Address:
AMBR  SILVIO H. BACA 249 NE. 166 STREET MIAMI, FL. 33162  AMBR  CAROLINA DIAZ 249 NE 166 STREET MIAMI, FL. 33162  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  If the date is listed, the date must be specific and cannot be more than five business days prior to or \$\frac{1}{2}\$ et of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will neument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute 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.  CAROLINA DIAZ  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	"AMBR" = Authorized Member	
AMBR  CAROLINA DIAZ 249 NE 166 STREET MIAMI. FL. 33162  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: ————————————————————————————————————	-	SIL VIO H. BACA
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	AMBR	249 NE 166 STREET
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		MIAMI, FL. 33162
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	AMBR	CAROLINA DIAZ
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		249 NE 166 STREET
(Use attachment if necessary)  (LE V: Effective date, if other than the date of filing:		VIIAMI, FL. 33102
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior to or set of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records.  LE VI: Other provisions, if any.    REQUIRED SIGNATURE:   Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute: 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.    CAROLINA DIAZ   Typed or printed name of signee		
REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  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 Statutory filing requirements. This document of State Statutory filing requirements of 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.  CAROLINA DIAZ  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)		
REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  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 Statutory filing requirements. This document of State Statutory filing requirements of 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.  CAROLINA DIAZ  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)		
CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		
REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  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.  CAROLINA DIAZ  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$530.00 Certified Copy (Optional)	Le v. Encouve date, a other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
Signature of a member or an authorized representative of a member.  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.  CAROLINA DIAZ  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	e of filing.) If the date inserted in this block does turnent's effective date on the Departi	not meet the applicable statutory filing requirements, this date will not
Signature of a member or an authorized representative of a member.  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.  CAROLINA DIAZ  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	e of filing.) If the date inserted in this block does turnent's effective date on the Departi	not meet the applicable statutory filing requirements, this date will not
Signature of a member or an authorized representative of a member. 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.  CAROLINA DIAZ  Typed or printed name of signee  Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	of filing.) If the date inserted in this block does ument's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not
Signature of a member or an authorized representative of a member.  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.  CAROLINA DIAZ  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	e of filing.) If the date inserted in this block does cument's effective date on the Department CLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not
This document is executed in accordance with section 605.0203 (1) (b), Florida Statute: 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.  CAROLINA DIAZ  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	e of filing.) If the date inserted in this block does cument's effective date on the Departicle VI: Other provisions, if any.  REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records.
CAROLINA DIAZ  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	re of filing.)  If the date inserted in this block does cument's effective date on the Department of the Other provisions, if any.  REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records.
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	e of filing.)  If the date inserted in this block does cument's effective date on the Departicle VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is a	not meet the applicable statutory filing requirements, this date will not ment of State's records.  The amember of an authorized representative of a member.  The amember of an authorized representative of a member.  The amember of an authorized representative of a member.  The amember of an authorized representative of a member.  The amember of an authorized representative of a member.
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	REQUIRED SIGNATURE:  Signature of This document is e Lam aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records.  Ta member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, or false information submitted in a document to the Department of State
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	If the date inserted in this block does ument's effective date on the Departicular that	not meet the applicable statutory filing requirements, this date will not ment of State's records.  The amember or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	REQUIRED SIGNATURE:  Signature of This document is elam aware that any constitutes a third of the constitutes at third of the constitutes as the constitute	not meet the applicable statutory filing requirements, this date will not ment of State's records.  The amember or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
S 30.00 Certified Copy (Optional)	REQUIRED SIGNATURE:  Signature of This document is ellar aware that any constitutes a third of CAROLINA	not meet the applicable statutory filing requirements, this date will no ment of State's records.  Ta member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  A DIAZ  Typed or printed name of signee  Filing Fees:
\$ 5.00 Certificate of Status (Optional)	REQUIRED SIGNATURE:  Signature of This document is e I am aware that any constitutes a third of CAROLINA  S125.00 Filing Fee for Articles of the date inserted in this block does does cument is easily and the constitutes at	not meet the applicable statutory filing requirements, this date will no ment of State's records.  Ta member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  A DIAZ  Typed or printed name of signee  Filing Fees: of Organization and Designation of Registered Agent